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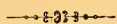
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OBSERVATIONS

ON

PHTHISIS PULMONALIS,

AND THE USE OF THE DIGITALIS PURPUREA IN THE
TREATMENT OF THAT DISEASE;

WITH

PRACTICAL REMARKS ON THE USE OF THE

TEPID BATH. 3732-10

BY *ISAAC RAND*, M. D. A. A. et S. H. SOC.

AND PRESIDENT OF THE MASSACHUSETTS MEDICAL SOCIETY.

READ AT THE REQUEST OF THE MASSACHUSETTS MEDICAL
SOCIETY, JUNE 6, 1804.

BOSTON:

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1804.

AT a Meeting of the MASSACHUSETTS MEDICAL SOCIETY, June 6, 1804.

VOTED—

That Drs. WELSH, BARTLETT and SPOONER, be a committee to wait on the President, and return him the thanks of the Society, for his Discourse, this day read, and request a copy for the Press.

T. DANFORTH, *Recording Sec'y.*

Boston, June 7, 1804.

The Discourse read at the request of the Council of the Massachusetts Medical Society, is respectfully submitted to your disposal.

Your humble Servant,

ISAAC RAND.

Drs. WELSH, BARTLETT and SPOONER.

[REPRINTED BY VOTE OF THE COUNSELLORS, 1853.]

OBSERVATIONS ON

PHTHISIS PULMONALIS, &c.

NO disease is more frequent or fatal than the Phthisis pulmonalis, the prevention and cure are among the desiderata in our system of medicine.

THE occurrence of it in Cities and Country is obvious to every Physician : nearly one quarter of the bills of mortality is to be attributed to this disease : and it must be acknowledged to be almost invariably fatal under the usual modes of cure.

AND we cannot but deplore its ravages the more, as it destroys those who are in the prime of life, and not often past its meridian.

THIS loss to the publick is elegantly expressed in the funeral oration of Pericles on the Athenian youth who perished in the Samian expedition, that the loss which the Commonwealth suffered by the destruction of the youth was like the loss, which the year would sustain by the destruction of the Spring.

To point out its latent and insidious, as well as the more obvious causes would require a volume.

WHEN we consider the extent of the surface of the lungs, the organ primarily affected in this disease,* whose surface, the bronchiæ 1635 square inches, the vessicles 20,000 square inches, the whole surface of the lungs, make therefore 21,635 square inches, or 150 square feet; equal to ten times the surface of a man's body, which at a medium, is computed at fifteen square feet.

As the whole blood of the animal incessantly passes through the lungs, by comparing the proportion, which the lungs bear to the whole body, we may make some estimate of the great difference of the velocity of the blood in each.

† It appears, that 4. 34 pounds of blood pass through the heart in a minute, and in 36. 3 minutes, a quantity equal to a middle sized man, or 160 pounds of blood, will pass through the heart: then the same quantity must also pass in the same time through the lungs, since the left auricle and ventricle, are supplied from thence with blood to be circulated through every other part of the system.

FROM whence it follows, that the velocity of the blood must be very much accelerated in the lungs. And when we reflect upon the very delicate structure of this organ, the number of vessels, the importance of its use, and the many accidents to which it is exposed, we shall be less surprized that so many, than that so few persons are the fatal victims of it.

AMONG the remedies lately introduced, the digitalis purpurea is the most prominent. I therefore will give a concise history of it, and its *modus operandi*, with a case or two subjoined, with cautionary hints.

* Hale's vegetable staticks, Vol. 1. page 238-39.

† Hale's hæmastaticks Vol. 2. page 63, 4, 5.

THE digitalis purpurea of Linæus has been employed in medicine since the sixteenth Century ; and in some cases of phthisis pulmonalis with permanent success ; and has been celebrated as a certain remedy, and condemned as a poison, from that period to the present time.

* THE first physicians who employed it, in pectoral complaints, are extravagant in their encomiums on it.

FUCHSIUS in his *historia plantarum*, to whom we are indebted for its name, was the first that introduced it into medicine ; he speaks highly of its utility in this disease. Gerard and Parkinson, two of the most celebrated older botanists extol it as an expectorant ; and Doctor Withering has given a manuscript note of Saunders, found in a copy of Parkinson's verbal, which mentions consumptions as infallibly cured by a decoction of fox glove leaves in water. Salmon in his family diet, says it is a specifick in consumptions.

BUT Ray, Boerhaave and Haller, assert its effects as generally deleterious. These discordant opinions may be accounted for, by considering that among the poor, where it was at first chiefly used, its incautious exhibition would naturally lead to this conclusion, that it was a poison ; but that when it was directed and its exhibition under the eye of an intelligent and vigilant physician, its use was attended with the most surprising effects and cures.

DOCTOR WITHERING, was the first, I believe, who mentions its peculiar property as a diuretick in dropsies ; previous to that period, it was celebrated in epilepsy and scrophula as well as consumption.

* Medical and Physical Journal, *passim*, voce *digitalis purpurea*.

WE are indebted to Dr. Darwin and Sir G. Baker for many ingenious and well conducted experiments in pulmonary consumptions, evincive of its singular effects in retarding, and partially suspending the motion of the heart and arteries.

PREVIOUS to a detail of its effects in this disease, I will endeavour to give some idea of its *modus operandi*. Notwithstanding many physicians disdain all pretences to theory in medicine, and aver that they depend solely on facts, yet when they are requested to explain their opinion, they always shew that their practice is founded on some theory previously adopted. To theorise is to think, and that physician who thinks or theorises the most closely, and reasons analogically on diseases, will, *cæteris paribus*, be the best physician.

MANY years since, * De Haen in his *Ratio medendi*, maintained, that the extremities of the arteries, in consequence of certain diseased actions, secreted pus. This opinion has been supported and proved by that accurate and successful anatomist, John Hunter.

EVERY physician may discover the pus, by examining the discharge from the purulent ophthalmia, psorophthalmia of newborn infants, coryza, and in many cases of the pulmonary influenza, when no ulcers exist. The purulent discharge from either of these diseases, being mixed with distilled water and vitriolick acid, by agitation they will form a homogeneous fluid. Then add caustick alkali to the mixture; the acid having a greater affinity to the alkali than to the pus, the pus will separate and by its greater gravity will subside in the fluid; while the mucus,

* Dr. De Haen Vol. 1. Chap. 2. de Puris Generatione.

with which it was blended, will continue to be intimately mixed with the water ; thus the pus will be detected.

It is acknowledged that pus confined in a cyst secluded from the air is innocuous, and, except from its gravity, and pressure, excites no perturbation in the system.

The motion of the heart and lungs, although not synchronous is commensurate with each other, and an accelerated circulation of the blood is attended with a correspondent increased respiration, and a retardation of the circulations with a slower respiration ; from whence it follows, that the more the circulations are retarded, the less pus is formed, either by the diseased action of the arteries or by ulcers in the bronchiæ ; and the less frequent the respiration, that process is retarded and partially suspended, by which it has been ascertained that the pus aerated by its attraction of Oxygen. The digitalis, by its action on the vital powers, promotes two important processes ; it promotes the absorption of the pus before it is converted into an ichorous poison by the air, and by lessening the irritability of the heart and arteries, prevents the profuse secretion of pus. Thus these two processes mutually aid each other and prove curative.

THE cautious and continued use of the digitalis will produce these effects, and often render them sufficiently permanent to effect a cure of phthisis pulmonalis.

“THESE changes, sometimes without any previous sickness of the stomach, will be gradually produced, although a nausea is often excited, and by a peculiar sympathy between the stomach and the heart, the pulse is retarded in consequence of nausea ; and as subsequent to the retardation of the action of the heart, absorption frequently oc-

curs. It has been supposed that nausea, a diminution of arterial motion and absorption are mutually and necessarily related to each other."

THE same effects have been attempted to be produced by sailing long sea-voyages, a succession of gentle emeticks and swinging, have in many instances been attended with the happiest effects, as may be seen by consulting Gilchrist on sea-voyages, Reid on the effects of emeticks in phthisis pulmonalis and Carmichael Smith's essay on swinging. Each of these remedies, by inducing nausea, vertigo, has powerfully and sometimes permanently retarded the action of the heart and lungs, promoted absorption and cured the hectic.

MUDGE, in his treatise on the Catarrh, relates the case of a man, who labored under the phthisis pulmonalis, who expectorated such quantities of pus, with fever, night sweats and every concomitant of this disease, that death seemed inevitable, as the disease eluded every method of cure. However, after some time, to his surprise, the expectoration lessened, the cough subsided, his appetite and digestion increased, he acquired flesh, and was restored to his usual health. He died some time after of an acute disease, the small pox. Upon inspecting his thorax he discovered that the phthisis pulmonalis was cured by the absorption of the whole right lobe of his lungs. One side of his chest was deficient of its lobe, and that part of the trachea to which the lobe appended was closed up. In this case, we discover the curative process was conducted and finally accomplished by the absorbents removing the diseased part. The digitalis had it been employed, might have contributed to their curative exertions.

“It has been observed, that diseased parts of the body may be removed by depriving them of all supply of blood from the arteries ; and it is now known, that where this cannot with safety be attempted to so full extent, on account of the intimate connection between the parts to be removed, and such as we wished should remain, that the same effect may be produced by diminishing to a certain degree the arterial supply of the part ; at the same time that we leave the action of the absorbents to full force.” This is the process so completely effected by Mr. J. Hunter’s scientifick operation for the cure of the popliteal aneurism, which he suggested from theory, or reasoning a priori.

By the same mode of operation of the absorbents, digitalis removes the tubercles in the lungs. When the digitalis has produced a retardation of the pulse and respiration, adequate to our wishes, and is attended with an intermission of the pulse and nausea, its use must be suspended. Upon the suggestion of Dr. Beddoes, I have experienced a partial succedaneum in a strong infusion of camomile flowers, in keeping the pulse depressed. Beddoes, Withering, Drake and Fowler have been so explicit in their direction in the use of this plant, that I would recommend them to every physician. Davy, a celebrated chymist, and who attends at the pneumatick institution, Dr. Beddoes says, is engaged in the analysis of the digitalis, and should he discover an analagous substance, it would contribute much to the future success in the treatment of consumption, and Dr. Beddoes very justly observes, that we may presume that nothing stands alone in nature. And a substance of similar effects on the

stomach and arterial system may lurk among the articles of the materia medica.

THE saturated tincture of digitalis is the preparation which I have used with the most success. The powder made into pills I sometime since administered, but I now prefer the tincture, as the dose can be increased or diminished by drops. I never have used the infusion. Previous to the use of the digitalis, if there is any pain in the chest, or an hæmoptysis : if the pulse is hard and the respiration difficult, and the patient not advanced in life, venesection will be necessary. A blister should be applied to the side, between the shoulders or over the sternum in the course of the mediastinum, and the bowels gently evacuated. The tincture of digitalis may be administered three or four times in a day, beginning with 12 drops and increasing each dose one drop, till the number of pulsations of the artery is diminished to 50 or 60, and continued at that number 'till the disease is removed. I have increased them to an 100, four times in a day ; at night I have generally, when the cough has prevented sleep, given one grain of opium.

THE haustus salinus in the intermediate time, I have experienced beneficial, cooperating with the general intention of the digitalis ; all the neutral salts retard the circulations and diminish the irritability of the heart, by their action on the stomach.

THE physician should pay the strictest attention to the state of the pulse, the respiration, the state of the stomach and the appetite. Should it have a very sudden effect in depressing the circulations, and inducing an intermission of the pulse, sickness at the stomach with lan-

gour and faintness, we must immediately suspend the use of it, lest sudden death ensue. The physician should see his patient, at least every day, as few persons are so conversant with the state of the pulse and respiration, as to enable them to judge of the propriety of continuing or suspending the medicine.

THE late Dr. T. Bulfinch related to me the case of Mr. ——— who was afflicted with cough dyspnæa, and anasarca swellings of the extremities; all these complaints were soon removed by the digitalis in pills, which the Doctor gave his patient every day himself; after some time from imprudence, the disease recurred and he again applied to the Doctor and requested, as it was not always in the power of the Doctor to see him and administer the medicine himself, to give him 3 or 4 dozen of the pills, assuring the Doctor that he would punctually follow his directions; the Doctor knowing his precipitancy and imprudence, with reluctance complied with his request.—In a week or ten days his complaints were again removed, but he sent for his physician, and informed him he had some new affections which, if he could remove as speedily and effectually as he had his cough, &c. he should be as well as he ever was in his life. His pulse then was very slow and intermittent, his appetite gone; he had a constant nausea and vast depression of his spirits. The Doctor directed him to omit the pills immediately. He answered he had found them so efficacious, that to accelerate his cure he had taken all of them two days before. The Doctor expostulated with him upon his imprudence in disregarding his advice, and left him with a presentiment of his fate. He was found dead in his bed the next morning, his wife by his side unconscious of his fate.

THE case demonstrates the very sudden and permanent effects of the digitalis on the heart and arteries.

THE diet as soon as the stomach will admit of it, should consist principally of animal food and wine, and as soon as the expectoration is diminished to 2 or 3 ounces in the day, if there is no difficulty in respiration, nor pain in the chest, the bark should be given in decoction, and exercise in a carriage should be used every day.

SOME time since, I attended a young lady, ætatis 20, who had lost by phthisis pulmonalis and hæmoptysis, three brothers and one sister. She had a very distressing cough, with difficult and short respiration, pains in the chest, hectic pulse and feverish paroxysms. She had an indolent tumor of the cervical glands, as large as a pigeon's egg, apparently, though slowly tending to suppuration. I could perceive a fluctuation of matter in it—a variety of medicines had been used without any benefit. I then began with the tincture of digitalis as above mentioned. I applied blisters to the sides, between the scapulæ and to the sternum in constant succession 'till the pulse was retarded to 60 or 65 pulsations in a minute. She took an 100 drops three, some times four times in a day for a fortnight. The cough lessened the expectoration decreased and her appetite increased. In this lady the digitalis after it had diminished the frequency of the pulse from 110 to 60 and 65 produced a severe nausea with pukings; during these operations the tumor lessened and finally disappeared, her appetite increased, her strength returned, she retrieved her flesh and has been in good health nearly two years. Her diet was animal food, oysters and Madeira wine.

I WILL only add the case of Mr. R. Crocker, *Æt.* 32 ; by profession a founder and artist in fine brass, constitutionally healthy, but for some years since, has had an orthopnœa, and dry cough. Many months previous to his confinement in February last, he was obliged to relinquish his business. On the 29th of the month I first saw him, he was then afflicted with a severe cough, attended with a copious purulent expectoration, difficult respiration, hectic fever, night sweats, inappetency, nausea, and was emaciated to a skeleton : his legs were œdematous, pulse 100 to 110 in a minute. He supposed his case remediless, and only to gratify his friends, consulted a physician. Under all these accumulated distresses, I thought his opinion correct. With only the hope of smoothing his pillow in death, I prescribed for him. After obviating some difficulties of the bowels, I prescribed the tincture of digitalis, as above directed. The third dose of 15 drops relieved his orthopnœa and reduced his pulse to 75 in a minute ; three days after, the pulse fell to 60, then to 50 and 55. I continued to increase the drops 'till he had attained to 100 drops four times in a day, when it produced a nausea, and intermittent pulse. I then suspended the use of it for a day or two, and directed a strong infusion of camomile flowers, which obviated the disagreeable effect of the tincture. He soon returned to the use of the medicine, his pulse continued stationary 55 morning, and 60 to 65 evening 'till his recovery. When the stricture of his breast and orthopnœa were removed, to which the perpetual blisters contributed, he began to take the bark in decoction three times in a day, and opium at night. The digitalis rendered his body soluble.

HIS diet consisted of animal food, oysters and Madeira wine; a bottle was his daily quantity, and notwithstanding his residence was in a dirty alley, and the weather from February to the middle of May, unfriendly to his complaint, that he could not take fresh air 'till the last of April; the expectoration gradually lessened and assumed a better colour 'till the cough and expectoration ceased the beginning of May. He has recovered his flesh and strength, and thinks himself in better health than he has enjoyed for many years. He desisted from medicine the beginning of May, his pulse is now (June 1, 1804) regular, and at 75 or 80 in a minute.

It has been observed by European physicians, and corresponds with my experience, that the small particles of stone, wood, and metals, and other hard substances inspired by the workmen, have produced this disease in the artists who work in these substances. The fine particles are often inspired into the vessicles. The absorbents not being able to remove them, they produce the nucleus of tubercles, which if medicine, or the strength of the constitution do not remove, suppurate and terminate in phthisis pulmonalis. The process is illustrated by an experiment by *Dr. Haighton, upon an animal of a class particularly exempt from consumption, He threw two drachms of quick-silver into the veins of a dog. In two days a feverishness ensued; as was apparent from the hardness and quickness of the pulse, difficulty of breathing, a cough soon succeeded. These symptoms increased till the death of the animal. On dissection tubercles were found in the lungs; many of these tubercles were full of purulent matter; and on cut-

*Saunders on the Liver.

ting open those that were still firm, a globule of mercury was discovered in the centre of each, forming the nucleus to the circumscribed inflammation or tubercle. Here it is evident, that the mercury having been delivered by the veins to the heart, and by the heart to the arteries, was by them effused into the cellular substance of the lungs, and probably into the whole body. The absorbents not being able to remove the particles from the lungs, the arteries were stimulated to secrete the matter of which tubercles consist.

THE most decisive good effects have been experienced from the use of digitalis in Hæmoptysis, Epistaxes and active hæmorrhages from the uterus. In very urgent cases, I have given twenty five drops every hour till the discharge is suppressed. In one instance of hæmoptysis in a very athlethick young man, where the discharge eluded the force of every other medicine, it reduced the pulse in eight hours, from one hundred in a minute, to fifty pulsations, and stopped the hæmorrhage.

WHILE this medicine is employed in active hæmorrhages, a total abstinence should be enjoined as well from fluids as solids, the most bland, and least irritating fluids in large quantities may, by the distention of the arterial system protract the hæmorrhage. I have given it with complete success in a case of insanity, and mental derangement.

I WILL conclude my observations upon digitalis purpurea, with remarking that although I do not think with Dr. Beddoes, that it is as infallible a remedy in consumption as mercury in lues venerea, and bark in intermittents, I must acknowledge and with pleasure assert that I have cured more by this medicine than by all and every other medicine conjoined.

I SHALL add a few hints on clothing, and some observations on the warm bath. The statistical histories of Sir J. Sinclair, to the most cursory observer, furnish many interesting facts, respecting situation, temperature, clothing and diet, on the human constitution.

THE effects of thin and warm clothing are very obvious by comparing the health of the English and Dutch. Doctor Coggan, a physician of eminence in Holland, *observes that the Dutch and the English, who have resided some time in Holland, are forcibly struck with the coughs whether catarrhal or consumptive, so universally prevalent in England, in almost every season of the year. At church and at the theatre, devotion and pleasure are always interrupted, and sometimes totally destroyed by incessant coughs and expectorations; whilst in the largest assemblies in Holland, instances of a similar kind are scarcely known. This very great difference must be ascribed to the contrast observable between the two countries in the construction of their houses and peculiarities of dress. The majority of the houses in Holland even at the present day are the reverse of what we should esteem comfortable. The rooms are large and lofty, the separation betwixt the upper and lower apartments is by painted boards only, which if they were not covered by mats or carpets, would transmit the light as well as air. A gentleman who had resided many years in Canada observed that Coughs, catarrhs and consumptions were rare diseases in that climate, and that he was surprized at the incessant coughing in our Churches. He observed the air of Can-

* Beddoes on Consumption.

ada was colder than ours, and he was astonished at the thin dress of the Ladies here, so very ill adapted to ward off the inclemencies of the weather, in the Winter and Spring ; and rejoined, that the houses of the opulent and most of those in easy circumstances were lofty and well aired. The inhabitants, as soon as the leaves of the trees changed their colour in autumn, enveloped their bodies, next to their skins, in Welch flannel ; and when they took an airing, were wrapped in furs, so that any exercise produced an agreeable glow over the whole surface of the body ; perpetual action continued and promoted Health. The ancients observed that the Gods sell all good things for Labour and Exercise.

*Two Englishmen, and Brothers, resided in Holland ; one continued the dress and manners of the English, disdaining to wear a flannel waistcoat, and braving the elements with an open breast ; he fell an early victim to his predilection for English fashions at 30. The other conformed to the Dutch mode of dress ; wore flannel waistcoat and drawers, by which he encountered the inclemency of the weather with impunity. He fished and hunted in the worst of weather, and was a stranger to colds and coughs, and enjoyed uninterrupted health till 57, when by accident he lost his life.

THE warm bath is well adapted to relieve many of the effects of colds and by invigorating the whole system to ward off the catarrhs to which the valetudinarian and those disposed to consumptions are most incident.

THE practice of bathing was universally adopted among the Greeks and Romans. The institution was originally

Beddoes.

C

the preservation of health, but as riches and luxury increased in these nations, edifices of the most superb, sumptuous and elegant nature were erected. In the baths of the Romana, there were five apartments. The tepidarium, caldarium or laconicum, the solium, the baptisterium or Piscina, and the frigidarium. The time will only admit of a few observations on the tepidarium and solium.

It has been much agitated among the learned, whether, and how far, the writings of the ancient physicians contribute to our knowledge in the cure of diseases. Their usefulness may be inferred from this single consideration. That the mechanism of the human body, always the same, a faithful history of diseases must necessarily be one of the surest guides to the proper application of remedies. And if the diagnosticks and prognosticks be of the greatest consequence in Physick, and are only to be collected from long and accurate observation, then the histories of diseases by Hippocrates and others, who were so assiduous in their observations, so clear and exact in their descriptions, must be allowed to contain a valuable treasure of medical knowledge. They have been verified by subsequent Physicians and quoted as authorities. *Opinionum commenta delet dies, naturæ judicia confirmat. Cicero.*

Celsus is the only Roman Physician, whose work *de Re medica*, survived the destruction of the barbarous ages. He lived in the first Century of the Chr. Æra in the reign of Augustus. It has been disputed whether Celsus was a practitioner of Physick, or only to complete a liberal education, acquired all that was then known in Physick and Surgery. We must suppose from his very particular directions, in most cases, that he was a regular Practitioner of Physick and Surgery. His Surgery is preferable to his Physick.

AMONG the ancients to whom the individual, was of so much importance to the publick, bathing was as frequent as washing among us ; every person in easy circumstances bathed once every day ; many in affluent circumstances, 5 or 6 times in a day.

The prohibition of Bathing was among the severe mortifications to which certain priests in Greece, were bound by the rigid rules of their order.—

THE use of the bath came from the East into Greece, and thence into Italy, and the north of Europe. The baths were esteemed of so much importance to the health of the people ; that Princes and magistrates procured them for the use of the publick. In the life of Augustus, it is mentioned, that Mæcenas was the first that established the warm bath at Rome. The Roman Emperours erected superb publick baths, assigned revenues to support them, appointed Slaves, *Servi balnearii*, who heated the baths ; others kept the clothes of those who bathed, a third rubbed them with oil : and all were under the inspection of certain officers, who had the charge of the baths. In many of the reigns there was no sort of constraint on account of rank or quality, all sorts of persons and sexes were admitted gratis to the baths, which the Emperors maintained at their own expense ; a largess which they gave the people on occasion of any publick rejoicing, called *balneum gratuitum*.

Often the masters of the World bathed indiscriminately with their Subjects. Titus admitted the common people to bath with him in the thermæ he had built ; and Spartian relates that the Emperor Adrian, bathing in a croud of people, discovered an old Soldier, rubbing his back a-

gainst the Wall. Adrian, who knew him, by having seen him in the service, asked him the reason of it. It is, replied the old man, because I have no servant. The Emperour immediately gave him Slaves, and revenue sufficient to support them. Seneca, in his 86th Epistle, shews us of how great importance the Romans esteemed the tepid baths, in the time of the republick, where he observes, "what pleasure there would be in going into the baths, which a person knew to be tempered by the hand of Cato in his Edileship, or Fabius Maximus or one of the Corneli, for this function, the most noble Ediles performed, of inspecting those places, frequented by the people, and requiring cleanliness, and a salutary temperature : not such as has lately been brought into use, in which the heat is so violent, that one would imagine a Slave convicted of some crime, were condemned to that punishment."

That the warm bath was considered both, by the Greeks as well as Romans, as corroborant, is evinced by a dialogue from Aristophanes in which one of the Characters says "I think none of the sons of the Gods ever exceeded Hercules in bodily and mental force" upon which the other asks where "didst thou ever see a cold bath dedicated to Hercules?" It is impossible to ascribe such an absurdity to the ingenious and consistent people of antiquity, as to make them consecrate to the God of strength, what they held to be so very debilitating as we do. They therefore must have esteemed the warm bath invigorating to the system, and from their constant use of it, must have been competent judges of it. They did not consider its frequent use as tending to enervate the body ; they meant it in a moral, not a physical sense. Celsus, as I mentioned, must have considered the tepid bath invigo-

rating, it is evident from this passage. The valeludinarian imbecillis homo; iturus in balneum, vitare debet, ne ante frigus aliquod experiatur, ubi in balneum venit, paulisper resistere, experique num tempora adstringuntur, et an sudor aliquis oriatur: illud si incidit, hoc non secutum est, inutile eo die balneum est: perungendus est is leniter, et referendus; vitandumque omnimodo frigus, et abstinencia utendum. At si temporibus integris, primum ibi, deinde alibi, sudor incipit, fovendum os aqua calida, tum in *solio* desidendum est: atque ibi quoque videndum, num sub primo contactu aquæ calidæ summa cutis inhorrescat, quod vix tamen fieri potest, si priora recte accesserunt: certum autem id signum inutile balneum est. The ancients spent some hours in the tepid bath, they were therefore accommodated with a seat, *Solium*; therefore Celsus says, tum in Solio desidendum est, he is to sit in the bath at his ease. And Suetonius, in the life of Augustus, mentions the Epigrams which that Prince composed in the tepid baths. The elder Pliny, while in the bath, had his Secretary at hand, to make extracts of what appeared worthy of remark.

* THE English antiquarians adduce many instances, in history, of the great predilection of their ancestors to bathing; many of their nobility had warm baths in their own houses; and there were publick baths, to which those who could not afford these means of health, repaired. That a custom so congenial with the increasing disposition to luxury, and refinement should have fallen into disuse, would afford matter of great surprise, if the cessation of Leprosy, and the introduction of lues venerea, at these periods, did not solve it. The moderns as well as the

* Strutt quoted by Beddoes.

ancients bathed, promiscuously, in one large bath, and in the same fluid. The dread of receiving the lues venerea, by absorption, deterred many from its use; and the decrease of Leprosy finally extinguished the desire of that indulgence. The modern separate baths and clean water for each person obviate these objections. I know of no place except in Russia where they now promiscuously bathe.*

WITH the revival of learning in the 15th century, the Sovereign called in the aid of the priest, and converted bathing into a religious rite, and persuaded the people they could wash away their sins, and obtain absolutions. Such baths were denominated baths for the soul, *balnea animaria, et refrigeria animæ*. I might add, that the use of Shoes and Stockings and linen Shirts, has rendered that of the bath much less necessary to cleanliness among us, than among the ancients, who knew nothing of the pleasures of clean linen, which we now esteem essential to comfort and convenience. Linen was such a luxury among the ancients, that the master of the feast furnished no napkins to his guests, and each brought his own: this custom which cannot but shock us, continued after the reign of Augustus. Martial says Hermogenes, who frequented the best company, used to filch the guests' napkins, and when for fear of his Hawk's talons, they brought none to the feast, Hermogenes contrived to purloin the table cloth. Martial, in a couplet, transmits him to immortal infamy.

*Attulerat mappam nemo dum furta timentur,
Mantile e mensa surripit Hermogenes.*

Perhaps the disuse of the bath may, in some measure, be attributed to the fashions of medicine. We have all

* Cox's travels in Russia.

of us been witnesses to the various changes that have been introduced into the practice of physick, depending not so much on reason as Hypothesis, which is another word for fashion. Medical hypothesis and false analogies from the writings of Physicians, have caused that to be avoided upon principle, although a false one, the use of which might not in every case be so necessary as it anciently was ; and because the promiscuous use of it had sometime been injurious. We shall be less surprised that the people in general, have neglected the bath, however salutary in its effects: when Physicians themselves are but just emerging from the false analogies of their predecessors, and some of them reverting to unbiased observation. Physicians and Philosophers reasoning from false analogies have been induced to think, that the warm bath almost universally debilitates, and that the cold bath strengthens, in the same proportion that it recedes from warm. They have reasoned from the effects of heat upon inanimate substances, and have drawn conclusions from substances that have no affinity with each other ; and because cold contracts and hardens inanimate bodies, and heat dilates, elongates and weakens them, therefore heat and cold must operate in a similar manner upon animals. The mechanical Physician, being so absorbed in considering man, as an hydraulick machine, subject to the same laws, that he forgets the animating principle ; and in his reasoning upon the animal functions, does not introduce the vital and sensitive cause. Professor Cullen asserts, and justly, that cold below 62° is sedative and debelitating. However, those who from speculation never use the tepid bath from an apprehension of its debilitating effects, will, when uniform experience convinces them of its corroborating power, I hope, change their opinion. Tissot, in his Essay on diseases of literary and sedentary people,

and diseases of people of fashion says, "That, to persons afflicted with nervous debilitating diseases, the warm or tepid bath, used fasting, is of the greatest utility," and adds, "I have seen three patients, of this class, in a confirmed hectic, whose situation seemed desperate, yet were perfectly cured by this remedy."

WOULD time admit, I should adduce a cloud of evidence, in support of the corroborating effects of the warm bath, from the writings of Beddoes, Darwin, Marchard and Franks, who directed the warm bath to weakly, nervous persons, such as, instead of recovering their health, as they actually did, ought to be dissolved all together, if the warmth given to the waters had a relaxing effect.

THE Author of *Zoonomia* says, the use of the warm bath, from 96° to 98° for half an hour, daily, for three or four months, he has known of great service to weak people, and is perhaps the least noxious of all unnatural Stimuli. And when Dr. Franklin was in England, many years since, he recommended to him the use of the tepid bath, twice a week, to prevent the too rapid access of old age, of which he then thought he felt the approach. We know the Dr. continued the use of it till his death, which would have been preserved many years, had not the cruel disease, the stone, destroyed him. Nothing can more forcibly impress the mind with the invigorating powers of the tepid bath, than its effects on persons labouring under the disease Pelagra, which is exceedingly frequent among the peasantry of Lombardy. This debility cannot be more certainly removed by any means than by the use of the tepid bath. The debility is so

great, that many patients are obliged to be carried, although the bath is not above forty paces from the Ward. Many who can walk are yet so weak, that they cannot get into the bath without help. The appearance of these people, in going in and coming out, is truly miserable. If they were not supported by the attendants, they would stagger like drunken persons. In the space of four, or at most, six weeks, which is the usual course of bathing, they are commonly so much restored, by the use of the warm bath, as to return to their friends and ordinary employments.* In fine, the warm bath from 94° to 95° by diffusing the circulations, and removing partial pressure, prevents spasms, relieves the chronick Rheumatism, and most erratick pains: and by cleansing the pores, and determining the circulations to the surface of the body, promotes the secretion of that fine fluid, that gives delicate softness and smoothness to the skin, which heighten the charms of youth and beauty; and by its invigorating effects retards the rigidity of the fibres, and the coalescence of the capillary vessels, the harbingers of old age.

* Micard's med. and chirurg, Journal.

FINIS.

MASSACHUSETTS MEDICAL SOCIETY.

At a Statute Meeting of the Fellows of this Society, held June the 6th, 1804, the following Gentlemen were elected Counsellors for the year ensuing: Viz—

SUFFOLK.

Isaac Rand, John Jeffries, Charles Jarvis, Lemuel Hayward, Thomas Kast, John Warren, William Eustis, Thomas Welsh, Aaron Dexter, Joseph Whipple, William Spooner, John Fleet, Thomas Danforth, David Townsend, Isaac Rand, 3d.

ESSEX.

Edward A. Holyoke, Mirajah Sawyer, Joshua Fisher, Thomas Kitteridge, Benjamin L. Oliver.

MIDDLESEX.

Josiah Bartlett, John Brooks, Isaac Hurd, Oliver Prescott, jun. William Gammage.

HAMPSHIRE.

Ebenezer Hunt, Henry Wells, Chauncey Brewer.

MAINE.

Daniel Coney, Nathaniel Coffin, Shirley Erving, Ammi R. Mitchell.

BRISTOL, PLYMOUTH and BARNSTABLE.

William Baylies.—James Thatcher, Gad Hitchcock.—Samuel Savage.

WORCESTER, BERKSHIRE and NORFOLK.

Israel Atherton, Oliver Fisk, D. Frink, sen.—Erastus Sargent, Timothy Childs.—Cotton Tufts, Amos Holbrook, John Bartlett.

At a Meeting of the Council the succeeding Day agreeably to Statute, the following Gentlemen were elected Officers: Viz.

JOHN WARREN, *President.*

JOSHUA FISHER, *Vice President.*

THOMAS DANFORTH, *Recording Secretary.*

JOSEPH WHIPPLE, *Corresponding Secretary.*

THOMAS KHAST, *Treasurer.*

LEMUEL HAYWARD,

THOMAS WELSH,

AARON DEXTER,

JOSIAH BARTLETT, and

JOSEPH WHIPPLE.

CENSORS.

THOMAS DANFORTH, *Recording Secretary.*

*Chairman of the Committee
reports to the Hon. San. Com. of the
respectfully*

2

copy of a REPORT

ON THE

6343

SPOTTED OR PETECHIAL FEVER,

MADE TO THE

COUNSELLORS OF THE MASSACHUSETTS MEDICAL SOCIETY, ON THE
TWENTY-FIRST OF JUNE, 1810.

CONSTITUTING

The Eleventh Article in the Second Volume of Medical Papers published by that Society.

BOSTON:

PRINTED BY THOMAS B. WAIT AND CO.
1810.



2

ARTICLE XI.

==

REPORT

13434
3733-10

RESPECTING A DISEASE COMMONLY CALLED

SPOTTED OR PETECHIAL FEVER,

WHICH HAS WITHIN A FEW YEARS

BEEN EPIDEMIC IN VARIOUS PARTS OF NEW ENGLAND.

Read, accepted, and ordered to be printed, at a Meeting of the Counsellors on the 21st of June, 1810.

THE Committee appointed by the Counsellors of the Massachusetts Medical Society, at their special meeting, on March 27th, 1810, "To frame a series of questions respecting the causes, history and mode of treatment of the disease now existing in some parts of this commonwealth, commonly called spotted or petechial fever, to address copies of the same to the physicians who reside in places where the disease has prevailed, or does now prevail, and to request the most speedy and minute replies to the same," have attended to the duty assigned them, and respectfully lay before the Counsellors the following report.

AT the time when the committee was appointed the public were in a state of great anxiety respecting the disease then epidemic in a part of Worcester county. The reports in common circulation respecting that disease were very alarming; and al-

though it had prevailed in different parts of New England since the winter of 1806, there had not been published any description of it, sufficient to guide the practitioner of medicine, either in recognizing or in treating it. At that time also the disease appeared to be almost daily spreading more and more widely, and it was impossible to foresee the limits which would bound it. Under these circumstances the committee felt themselves impelled to attend instantly to the duty assigned them; and they immediately prepared the following circular letter, which was printed without delay and issued on the day on which it bears date.

Boston, March 30, 1810.

SIR,

IN consequence of the alarming extension of the very fatal disease, which is commonly called the *spotted fever*, the Counsellors of the Massachusetts Medical Society have considered it their duty to investigate with peculiar care every thing relative to the causes, history, and modes of treatment of that disease. They have, therefore, at their meeting on the 27th instant appointed the subscribers a committee to correspond with and collect materials from the fellows of the society and other gentlemen of character, in whose vicinity the disease has prevailed.

As one comprehended in this description, we take the liberty to address you; and, in behalf of the Massachusetts Medical Society, we beg leave to request you to answer all or any of the subjoined

queries. We beg leave at the same time to request, that if in any instance your replies are not founded on your own personal observation, but on information from others, you would do us the favour to notice from what sources such information has been derived.

It is the wish of the Counsellors that we should make a report to them on this subject, so interesting to every member of the community, as soon as the circumstances can possibly admit. We shall therefore be peculiarly obliged to you, if you will seize the first moment of leisure to prepare your answer. We are aware that your important engagements at this time must render a compliance with our request very inconvenient to you ; and, did we not consider ourselves as acting in behalf of the whole community, we should not feel at liberty to make our call upon you so urgent. Should you be able at present to give very concise answers to a part only of the queries proposed, at a future day you might add whatever else shall have been furnished by subsequent experience and inquiry.

It will be most convenient both to yourselves and to us, if you will refer to the number of each question, without recapitulating it, and reply to each distinctly, in the order in which they are placed.

1. At what time, and at what place, did the first case of this disease occur under your observation ?

2. What are the symptoms of this disease, the order of their occurrence, and the most usual duration of each ?

3. Have you noticed any precursory symptoms, by which the approach of the disease can with tolerable certainty be ascertained?

4. Is the disease to be distinguished only by attending to the combination and course of the symptoms, or by any one or more peculiar symptoms?

5. Have any persons previous to the attack of this disease been subjected to any extraordinary fatigue or exposure, to irregularities or peculiarities of diet, or to any other circumstances which can be considered as exciting causes; and if in any, in what proportion of cases have such circumstances been noticed?

6. Have you noticed any circumstances which lead you to consider the disease contagious or infectious; or have you noticed circumstances which lead to the opposite opinion?

7. Are persons of any particular class or profession, age, sex, or temperament, peculiarly subject to this disease; or have persons of any particular description been peculiarly exempt from its attacks?

8. Have any particular evacuations or other symptoms marked the crisis of this disease; and has it in any cases under your observation been followed by affections of the joints or glands, by erysipelas or any other local affection; and what has been the termination of such cases?

9. Are there any symptoms in the early stages, or in the course of the disease; on which a prognosis of the event may be founded; and with what degree of assurance may such prognosis be formed?

10. Are relapses frequent; and do the symptoms differ from those of the original attack, either in kind or degree?

11. Do those who survive the disease recover speedily; or is there noticed any remarkable change in their state of health?

12. What modes of treatment have you tried or seen tried; and what has been the success of each mode?

13. What have been the external appearances on examination of the body after death; and at what distance of time after death have your examinations been made?

14. What have been the internal appearances ascertained after death by dissection, and at what period?

15. Have you at any former period seen the same disease, or any nearly resembling it?

16. Have there been any unusual diseases, or any unusual mortality among brute animals in your neighbourhood?

17. Are there any other points on which you can give information, which appears to you to be material at the present moment?

IN reference to the second and fourth queries, we beg to call your attention particularly to the following objects;—1. symptoms denoting local affection of the brain, such as delirium or any peculiar affection of the mind, spasms and convulsions, remarkable insensibility, deafness, unusual dilatation or contraction of the pupils, paralysis of any part of

the body, &c. &c.—2. symptoms denoting affection of the stomach or any of the abdominal viscera, such as increased tenderness, fulness or tension of the abdomen or any region of it; vomiting or purging, the nature of the matters discharged either from the stomach or the bowels, &c. &c. In reference also to the 14th query we wish to learn especially the appearances in the head and stomach.

It is unnecessary to suggest to you, as being likewise objects of attention under the second query, the state of skin as to temperature, dryness or moisture, and as to spots of different descriptions which may be remarked on it; the countenance, especially the eyes; the respiration; the pulse, whether dissimilar in different parts of the body; the urine, &c. Nor can it be necessary to state the importance of noting the stages or periods of the disease, at which any observations are made or any remedies are tried. We may, however, remark that, as violent diseases have sometimes grown more mild in the latter part of an epidemic season than in the beginning, it will be useful to note at what part of the season your various remedies have been employed.

THERE are some other questions which might be added to those above, particularly respecting the soil and other circumstances of the districts in which your observations have been made; respecting the states of weather before and during the prevalence of the present epidemic; the diseases which have prevailed during the year past, the direction in which the disease now prevailing has been extended, whe-

ther this has or has not corresponded with the prevailing course of the winds, or with the ordinary lines of intercourse ; respecting any thing peculiar in the grain raised last year, &c. But probably your time is now too much occupied to attend fully to questions on these subjects ; and with your permission we may perhaps address you respecting them at a future time.

SHALL we, in addition to other requests, beg you to inform us, if possible once a week, or as often as you can, what may be the progress of this lamentable disease within the circle of your observation. Your letters may be addressed and sent to Dr. Thomas Welsh, in Boston, whenever a direct conveyance by mail or otherwise can be procured ; in other cases they will reach us less directly, but very safely, if inclosed to Dr. Oliver Fiske, at Worcester.

WITH the most sincere sympathy for the sufferings, to which you and your neighbourhood are exposed ; and with great respect,

Ⓔ We are sir your obedient servants,

THOMAS WELSH,	} Committee.
JAMES JACKSON,	
JOHN C. WARREN,	

COPIES of this letter were sent to all persons from whom information could be expected, so far as they were known to the committee. The letter was also published in the Columbian Centinel and Independent Chronicle, in order that any persons possess-

ing useful information might be induced to communicate it.

IN reply to this letter the committee have received communications from twelve persons, all fellows of the society.* Some of these replies were received early in the month of April; and, corresponding with the hopes and, in some measure, with the expectations of the Counsellors, they shew that the alarm respecting the epidemic had exceeded the real danger, and that the disease was found as manageable as most other acute diseases. Similar information was about the same time communicated to the public, directly from the seat of the epidemic, through various channels. The committee did not therefore find themselves obliged to make so immediate a report to the Counsellors as was contemplated at the time of their appointment. They now offer an abstract of the information they have obtained, with such remarks as the subject suggests to them.

THE last summer was very remarkably cold. The month of October following was warmer than

* From Doctors Payne, Fiske, Babbit, Rice, Robert Cutler, Whitton, Flint, William Cutler, and Haskell, in the county of Worcester; and from Doctors Bartlett, Hurd, and Chaplin, in the county of Middlesex. Likewise indirect communications have been received from several gentlemen of respectability in the State of Connecticut.

The few cases, which have occurred under the inspection of the individuals composing the committee, have necessarily guided them in some measure in preparing their report. Several such cases, with dissections when fatal, are subjoined.

usual, and very pleasant. In the early part of November a little snow fell once or twice, on the 21st a larger quantity, and on the 24th there was a severe snow storm. But in general, from the beginning of November to the 12th of January, the weather was very calm and moderate; the heat was greater than usual; there was no storm of any consequence, except that mentioned; considerable rain fell after the 1st of December, but very little snow; the air was mostly humid and foggy, and the wind very frequently from the south west. January 12th and 13th, cold; afterwards moderate like spring weather, mild and pleasant, or damp and dull till the 19th; on that day wind very high; 20th, wind abated, but for three days the weather was very remarkably cold.* From this time the heat of the atmosphere rose, but the remainder of January was generally cold. On the 24th and 25th of this month a little snow fell, but not enough to make good sleighing. In the early part of February the weather continued rather cold; in the latter part it was moderate; a little snow fell occasionally, but did not lay, so that the ground was constantly uncovered; very little rain. In March there were seven days on which snow fell, and once in considerable quantity; the snow was commonly followed, or preceded by rain on the same day, and on three other days rain alone fell. The weather was sometimes very pleasant, but in general colder in pro-

* The committee regret very much that they are not able to furnish an exact account of the temperature and course of the winds, through the six months past.

portion than most of the winter. On the 1st of April it snowed all day and rained in the evening; after this the month was very dry; the weather was generally clear, temperature moderate, and, except chilliness, as usual with the east winds, was very pleasant. On the 27th we had thunder and lightning with showers; on the 29th considerable rain. In the month of May the weather has been, with very few interruptions, fair and clear; scarcely any rain, with the exception of a few showers on the 29th and 30th; wind a large part of the time from the south and west. The latter part of this month has been very uncommonly warm, and even sultry, with winds from the south and south-south-west.

THE last summer and autumn, and the first part of the winter were remarkably healthy throughout the country. The disease under consideration appeared first in the town of Dana, about the beginning of the present year, but not in any considerable number of instances until during the cold weather, after the middle of January. From the accounts transmitted to the committee it appeared at Petersham in the latter part of February, and at Barre, Oakham, Rutland, Paxton, Hardwick, New Braintree, Brookfield, Spencer, Sturbridge, Winchendon, Athol, Gerry, Leicester and Worcester, in the course of the month of March, mostly about the third week in that month. The above-mentioned towns are all in the county of Worcester. It appeared in that portion of Cambridge, called Cambridge-port, Middlesex county, on the 24th of March, and in April

at Lancaster, county of Worcester. In the course of April and May a few cases have occurred at Boston, and perhaps an equal number in proportion in many towns in the counties of Worcester and Middlesex. During May it appeared in Springfield, county of Hampshire, and had not subsided in the second week of June.

MOST of the country, in which this disease has appeared, is inland and very elevated; it abounds with hills and vallies, has many ponds and many running streams and fresh-water rivers. In Cambridge-port, the first place near the sea-coast, at which it was observed, it was confined for the most part to the land which was recently salt meadow, and which is now intersected by many foul ditches. In Boston this disease, as also typhus, has occurred most frequently in those parts of the town exposed to the flats and water.

NATURAL HISTORY OF THE DISEASE.

THIS disease has been of various degrees of severity; in a large proportion of cases very mild; in some, severe, and in a few destroyed life suddenly, like the plague. The communications, which have been made to the committee, relate chiefly to the disease in its gravest forms. The history which they give must therefore be understood as relating mostly to the severe cases; and they are not furnished with the means of making all the discrimina-

tions which could be wished.- They are however informed that in the milder cases the symptoms differed only in degree, not in kind.

THE invasion of the disease is generally sudden and violent. In its course all the functions of the body are more or less interrupted, and often some of them are entirely suspended. The subject of it is seized in the midst of his usual labour or occupation, and oftentimes is struck down suddenly, almost as by a stroke of lightning. The first symptoms are various, such as local pain or paralysis, delirium or coma, and rarely spasms or convulsions.

THE disease often commences with shifting pains. The patients suddenly feel a pain in one joint or one limb, often in a finger or toe, in the side, stomach, back, neck, or head. Sometimes the sensation is like the stinging of a bee, frequently it is most excruciating pain, which at once arrests and commands the whole attention. This pain moves from place to place without losing its violence, generally approaching the head, and is often confined to one side of the body. It is said that the left side is more frequently affected than the right. The head is more frequently first affected with pain than any other part; and when not affected at the first moment, it almost invariably becomes so in a short time. The pain in the head is oftentimes intolerably severe, so that it is compared to the beating of hammers upon the part; and the patient says he shall become crazy, if it continues.

PARTIAL loss of sensibility and paralysis are, in other cases, the first symptoms, and often occur in the course of the disease, when they do not in the beginning. The powers of sight are affected in various degrees from a slight dimness to absolute blindness. In like manner the sensibility of the skin and parts subjacent is diminished, so that a limb becomes numb or feels as if it had been asleep. The other organs of sense have not been noticed to undergo similar affections. In the muscles of various parts, paralysis has been occasionally observed; as in those of one hand or foot, and oftentimes in those subservient to deglutition. In some cases hemiplegia has occurred at the commencement; and it is particularly worthy of remark that often the greatest weight of disease falls on one side of the body; insomuch that not only the voluntary muscles but the vascular system has been much more affected on one side than on the other.

Not very rarely the disease commences with delirium; and very frequently this symptom follows a violent pain in the head in a very early stage of the disease. The delirium is often mild; in some cases however, where it is attended with flushed face and eyes, great heat in the head, and violent pulsation of the carotid arteries, it produces a fury, which is scarcely to be restrained. In a few instances the patient has become blind and raving within half an hour after the attack.

STUPOR and coma, likewise convulsions and spasms occasionally attend the access of the disease; but they are more frequent in its later stages.

IN whatever form the disease commences, there suddenly ensues great prostration of strength. In some instances the patient is described as almost immediately falling down under the weight of disease. This prostration is accompanied or followed by universal or partial chills; the skin becomes dry and pale, or mottled like one who has been long in the cold, eyes glassy, nose contracted, the face sublivid, with paleness around the mouth, and the countenance expressive of the utmost anxiety and distress, or its features dissolved with a loss of all character and expression; the whole body becomes cold, respiration very laborious, especially in children, pulses very small and feeble, slow at the commencement but shortly very frequent. If there be neither coma nor delirium, the spirits are very much dejected, the patient suffers extreme solicitude and anxiety, with apprehensions of death, frequent sighs, restlessness and agitation. He complains of oppression and faintness, with undescribable distress about the praecordia and a sensation of fullness at the stomach. Frequently eructation, nausea, and vomiting ensue, and also fainting in the early stages of the disease; and the vomiting occasionally becomes incessant, embarrassing and defeating every effort to give relief by internal medicines, while it exhausts the patient.

THE different stages of this disease and the duration of each are not very accurately distinguished by most of those, who have made communications to the committee. Doubtless this is because diapho-

resis has commonly been established at an early period of the disease, which has been followed by a mitigation or a subsidence of the symptoms. How far this diaphoresis has been produced by art alone, and whether there be not a natural tendency to this termination, may be matter of doubt. It is generally represented as the effect of art; but it is remarkable that the efforts for this purpose should have been very generally successful, if there is not any natural tendency to its production.

By some however it is noticed, that the symptoms of the first stage, such as have been described, become modified in the course of from eight to twenty-four hours. Within that period some have died. But ordinarily, except where the powers of life are too much exhausted, the symptoms of the second stage supervene. The pulses become more full and regular, the skin becomes warm, countenance flushed, and in plethoric subjects especially, even red and florid; respiration short and very difficult from a sense of fullness in the lungs, but more regular than in the early periods of the disease; eyelids swollen and eyes staring, with a throbbing pain in the head; light distresses and noise irritates; and great restlessness, general anxiety and frequently delirium ensue.

In a large proportion of cases these symptoms have all subsided, and the disease has terminated within three days; often in one. Even in cases where the attack has been very violent, and the powers of life almost overwhelmed at first, the patient

has so far recovered as to be very comfortable in three or four days, suffering only a slight debility. In many cases, however, while the severity of the disease has abated, it has nevertheless continued under a milder aspect, and exhibited the less equivocal characters of typhus ; under which circumstances the termination has rarely been fatal. To this remark exceptions have been noticed in May, and the early part of June. Relapses have occurred in many instances with the same symptoms as in the original attacks ; they have rarely if ever been followed by death.

✓ AMONG the varieties of the disease, the following is given as a description of some cases which have occurred especially among females. " Universal deadly coldness ; skin white as polished marble and smooth ; countenance perfectly placid ; not one distorted muscle ; pulse in the wrist imperceptible ; motion of the heart scarcely to be felt ; respiration visible only by gasping, and that not frequent ; and as it were only a step between this imperfect state of life and death." Even from this state of deadly stillness patients have been restored to life and health.

✓ As has been already mentioned, some die in the early stages of this disease. A few are taken off suddenly in ten or twelve hours ; others in twenty-four, thirty-six, or forty-eight hours from the first symptom of disorder. Death rarely occurs after the third day ; indeed some of those practitioners, who have been most conversant with the disease,

consider their patients safe if they pass through the first twenty-four hours without any mortal symptoms.

THE following is a description of the termination of the disease in cases, in which it was fatal within two days. After the symptoms of the second stage, as described above, have continued from six to ten hours, the skin becomes pale and cold ; pulses very quick, small and irregular ; respiration less hurried, but very laborious ; countenance fallen ; the solids flaccid ; and petechial spots of dark colour, violet or livid, suddenly appear on the superior extremities, and immediately over the whole body. At length confusion of mind with constant drowsiness, inability to swallow, respiration more frequent and more laborious, with fluttering pulse, announce the immediate approach of death.

From the various descriptions of the disease, which have been furnished them, the committee have endeavoured to give a general view of its symptoms, their course and order. Every symptom is not to be observed in every case ; on the contrary there is great variety in the symptoms, and it is said that there is great variety also in the order in which they occur.

IN this general view it has been impossible to describe all the variety of affections with all their circumstances, such as are more or less frequently observed in this disease. It may therefore be useful

to present the most important symptoms in an unconnected view ; and in doing this it may be necessary to repeat in some instances what has already been stated.

✓ THE face and eyelids are often swollen ; and in some cases the face is swollen and black like that of a person strangled. The eyes are mostly described as being deprived of their natural lustre, dull and glassy, or red and watery, with the pupil, sometimes contracted, more frequently dilated. Sometimes the pupils are seen to vibrate from one extreme to the other. The eyes are also described as appearing more brilliant than usual, with a wild penetrating stare ; and it is said that this state of the eyes is sometimes noticed several hours before the patient is aware of any morbid affection.

THE sensations in the head are various ; such as dizziness, vertigo, pain ; throbbing, severe, excruciating pain ; and stricture across the forehead and eyes. These sensations are often followed and sometimes accompanied by delirium. The delirium has all the varieties observed in other acute diseases, from that which is mild and light, and indeed little else than incoherence of ideas, to that which is low and muttering, or that which is violent with rage. Coma as well as delirium is of frequent occurrence, and is even more common in the late stages of severe cases. There are instances, especially in adult males, in which consciousness remains to the last unimpaired, although the issue be fatal.

THERE are also other symptoms which appertain to the animal system ;* the following are particularly noticed. Numbness or total insensibility and paralysis in a larger or smaller portion of the body, which occur often in the first stage of the disease, and continue through its whole course, and even after other symptoms have subsided ;—a sense of lassitude and weariness ; soreness of the flesh, especially in children ; and spasms which frequently occur, and shift suddenly in the same manner as the pain does from part to part ; sometimes resembling hysteric spasms, sometimes occasioning the head to be drawn back as in opisthotonos.

THE respiration is much and variously affected ; in general it is difficult. Cough rarely occurs, and the difficulty of respiration has not commonly appeared to arise from an inflammation of the lungs. In two cases, however, symptoms of pneumonia have arisen, and in one of them the existence of that affection was demonstrated after death.†

THE actions of the heart are very feeble in this disease ; about its region there are often very distressing sensations, described as death-like feelings. These sensations are occasionally relieved by spon-

* This phrase is used in the sense given to it by Bichat—under this division he comprehends the brain, and its dependant organs—viz. the nerves and voluntary muscles, so far as they are dependant on the brain.

† These cases are specially noticed, because we are told that this disease has prevailed on the borders of Lake Champlain, in Vermont, and also in Montreal and its vicinity ; and that in those places it has been combined with pneumonic inflammation.

taneous vomiting, and possibly they may have some connection with the gastric region. In a few mild cases the pulses are little altered; but commonly they are very feeble, and except at the commencement, frequent. It is said that they sometimes denote more strength in the system than it is found to possess. They are sometimes hard; more often they are intermittent, and irregular both in force and frequency; they are remarkably variable, so that in the course of an hour, and indeed in much less time, they change from quick to slow, from strong to feeble, and vice versa; at the accession of delirium early in the disease, they have been observed to undergo a sudden acceleration from sixty or seventy to one hundred and twenty, and even to one hundred and fifty in a minute. The pulsation of the carotids is often very considerably greater than that of the radial artery.

✓ THE phenomena of the skin have received considerable attention; some of them have given to this disease its vulgar name. In the early stages the skin is perhaps invariably dry; at a later period spontaneous sweats have broken out on the head, chest, and superior extremities. A doubt has been expressed whether universal sweating would not occur without the aid of art. In a few cases which have occurred in Boston and its vicinity there has been observed a great tendency to this evacuation, and it has very readily become profuse. Doubtless there have been cases in which it was very difficult to excite diaphoresis, but in many it has been suffi-

cient to put the patient in bed, and give him a cup of any warm liquid. The sweats are said to have an offensive and peculiar odour ; it is fetid ; but this does not seem to describe it sufficiently. It has been compared to the smell which arises from a dead rat within the wainscot of a room. It has also been compared to the smell of a mercurial sore mouth.

IN many cases the skin is said to be remarkably smooth ; but this is not an universal appearance.

The *spots* on the skin are of various descriptions. They occur in all stages of the disease ; less frequently however on the first than on the subsequent days. Frequently a rash or miliary eruption only appears, or a few blotches on the inside of the elbow, and other similar parts ; and it has been suggested that these may be produced by the mode of treatment usually adopted. The blotches are florid, or red and fiery. An appearance like measles has also been noticed, and likewise vesicles and pustules, which have been compared to the vaccine and variolous eruptions. In some cases these spots and eruptions have appeared at successive periods two or three times in the course of the disease. The vesicles and pustules are very frequently torn by scratching ; after which or without being torn they are commonly followed by scabs of a brown color ; but occasionally they are followed by ulcerations which do not heal until after recovery. These affections of the skin are often attended with itching ; and independent of them, itching very frequently occurs, especially on the third day, when the symptoms become more favourable at that time.

This itching is sometimes extremely violent, so that the patient will almost tear up his skin in endeavouring to alleviate it. All these affections are frequently noticed at the time when the more important symptoms abate, or subside.

IN a few instances, vesicles containing a bloody fluid occurred in the county of Worcester. These vesicles were compared to blood blisters, and were about the size of a large pea; they appeared in various parts of the body and limbs; in a few days they broke, discharged a bloody fluid, and scabbed over. In one case, in which the attack was very violent, blisters resembling those produced by cantharides appeared on the second and third day on the breast, and on one foot. They were about five inches in length, and nearly one in breadth. On the fourth day from the attack, some of those on the breast and that on the foot became black and dry, and the skin was sphacelated. The eschars with due treatment left clean ulcers, which healed without difficulty.

THE appearance of petechiae and vibices has been noticed. They occur in comparatively few cases of the disease. They are of worse portent in proportion as they are more dark coloured. They do not however always occur in fatal cases, nor are they confined to such cases.

IT is not easy to determine in how large a proportion of subjects the skin is affected with spots and eruptions. Under the observation of some gentlemen, they have been very rare. One remarks that in eighty cases, among which twenty were very severe, he had seen only four instances in which spots

or eruptions of any kind had taken place ; and he adds that these had not been the worst cases under his care. Another estimates the proportion of cases, in which there had been discovered some of the affections which we have described, to be two thirds of the whole. He includes, however, very slight affections, which have often disappeared in a few hours.

Desquamations of the cuticle, and more rarely œdematous swellings of the extremities, have occurred at the termination of the disease.

THE tongue is usually moist and white through the whole disease, when it terminates within three or five days. When it continues longer, the tongue becomes darker coloured, yellow or brown. It is sometimes very clean and red.

THERE is seldom any remarkable thirst ; in a few cases it has not been at all greater than natural. Some patients have a desire for cold water, but not for any other liquid. The appetite is diminished, but it is not always so entirely destroyed as in most other acute diseases. Children particularly sometimes express a strong desire for food. Nor are the powers of digestion always suspended so entirely as in most other febrile diseases. Vomiting very frequently occurs, but in the first few weeks in which the disease prevailed bile was very rarely thrown up. The matters ejected from the stomach were commonly the articles recently swallowed and a ropy mucus. Yet at all times there has been discharged by some persons a dark green liquid ; and in some instances a liquid of a bluish colour.

THE bowels are commonly very quiet, and are not readily excited to action, especially on the first days of the disease. When discharges are made from the bowels on those days, they are commonly of a dark, green colour, and to cursory observation resemble tar. It is said by one gentleman that the discharges from the stomach and bowels are rarely coloured by natural, healthy bile until the third day. In two cases we are told that dysentery supervened in an advanced stage of the disease; but it was of short duration. Patients sometimes complain of soreness of the throat; and on inspection, the fauces are found very red, but not swollen in any part. The sensation of soreness is often just below the fauces where the parts cannot be seen. Aphthae have been occasionally observed.

IN most cases the urine has not been very different in its appearance from that in health, but the quantity has been less. Strangury has been ranked among the occasional symptoms; but a question may be permitted whether this has not been produced by the remedies employed.

THERE is an irregularity in the course of the symptoms in this disease, and so also in their duration. Blindness continues from half an hour to twenty hours; severe pain in the head, and delirium from four to twenty hours; deep coma from six to twelve hours, and even from the beginning to the end of the disease, especially in children.

IN a few instances slight affections of the parotid glands have been observed, but in general, glandular

swellings have not been noticed by our correspondents. In some cases swellings have occurred on the joints and limbs. These have been very sore to the touch, and their appearance has been compared to that of the gout. The parts so affected feel as if they had been bruised. These swellings arise on the smaller as well as on the larger joints, and are often of a purple colour. Those on the small joints especially sometimes disappear as the disease approaches its crisis. It is not stated that the disease of the whole system ever subsides when these local affections take place. By some practitioners the inflammation in these cases is called erysipelatous, and probably with justice.

IN a few instances purulent discharges from the ears have been noticed. They have not been accompanied by any remarkable change in the course of the disease. In a small number of cases the disease has been followed by deafness, from which the patients have not speedily recovered. Two persons were affected in this way in the year 1808 at Amherst, and their hearing has not yet been restored.

By some of our correspondents it is said that recovery from this disease has been rapid, and the subsequent state of health as good as usual. But the exceptions to these remarks are certainly numerous.

The attack of this disease has been described as sudden and violent; but there are cases in which the ordinary symptoms occur in a slight degree, and increase gradually for hours and even for two or three days before the disease becomes very serious.

We may also add in this place that in some parts of the country there were many persons who exhibited some of the symptoms of the disease, such as local pain, and numbness, but who were not so much affected as to be confined.

IN general our correspondents do not recognize this disease as having before occurred under their notice. Two gentlemen believe that they have in the course of many years seen a few cases of the same character. Six or eight cases occurred in Amherst in 1808.

THE replies to our questions respecting the diagnosis are not very full. It seems to be generally believed that the disease is to be distinguished only by attending to the combination and course of the symptoms. One gentleman states that the most general characteristics are "universal prostration of strength, and a depraved action of the sensitive organs."

IT is very generally agreed that this disease is not contagious.

NEITHER very young infants nor aged persons have been so subject to this fever as persons in middle life. In one town nearly all those affected were between eighteen and thirty years of age; but the same remark was not made elsewhere. By some gentlemen it is remarked that females are more subject to the disease than males; and this was true in Worcester, the only town from which we have received a list of the sick. Yet one gentleman states that it attacks more especially the most healthy and robust, male and female. Women in different stages

of pregnancy have had severe attacks and have done well; but they have not all been so fortunate. Blacks are not exempted from the disease.

To this part of our report, which with a few alterations is the same as it was when read to the counselors at their meeting on the second of May, we have now to add; that in cases of this disease which have occurred since the middle of April, as observed in Boston and Lancaster more particularly, some change has been noticed in the symptoms. Discharges of bile from the stomach, and foulness of the stomach and bowels, have become more common; and so also have hardness of the pulse and heat on the surface of the body. In many of these cases the bile has appeared in undue quantity and much altered in its character; its consistence very thick and tenacious, and its colour dark. In several fatal cases at Lancaster, and in two not fatal, a dark matter was thrown up, which was called "black vomit." Whether this matter was the same called by that name in the autumnal fevers of warmer climates, the committee are not assured.

It appears also that in various parts of the commonwealth the common typhus is much more frequent than usual at this season of the year; appearing in many instances with its ordinary symptoms; but in others with a character more or less resembling the disease which we have described.

PROPORTION OF FATAL CASES.

RESPECTING the proportion of fatal cases, the committee have not the means of making any ac-

curate statement. It would be very useful to obtain from each town in which the epidemic has appeared, the number of its inhabitants,—the length of time during which the disease has prevailed,—the number of persons who have been affected by it,—the number of those to whom it has proved fatal,—and the average number of deaths in the corresponding periods of other years. The committee will state as much as they have yet learned relative to this branch of the subject ; respecting which they have made some efforts to obtain more information.

AT the first appearance of this disease in the county of Worcester, a very large proportion of those affected with it died at an early period of the disease. Since it has extended more widely, its violence has diminished, and the proportion of deaths has become very small. So it is represented by our correspondents generally ; the following are the particulars given by several of them.

IN 1808 the disease was seen at Amherst ; and of six cases three were fatal. In the present year at Cambridgeport, four persons died.* At that place there were six severe cases, but a much larger number which were mild. Under the inspection of one physician in the county of Worcester there occurred two deaths in one hundred and thirty patients ; under that of another, one death in upwards of fifty patients ; and under another in the same county, one death in nearly one hundred patients.

* One adult and three children ;—who were sick 17, 29, 30 and 42 hours.

IN a statement of ninety-one cases in the town of Barre nine are marked as fatal. It is mentioned in the same statement that there were thirty-nine other cases, the issue of which is not mentioned ; but from some circumstances it may be inferred that none of them were fatal.

APPEARANCES AFTER DEATH.

THE advantages, which arise from the examination of dead bodies, have been exceedingly conspicuous in the investigation of this disease. From this source have been obtained facts of great importance in illustrating the nature of the complaint, and pointing out the propriety of certain modes of treatment, which the symptoms indicated in a less distinct manner. It is a subject of regret that the examinations of those, who have fallen victims to this disease, have not been more general. All those, which have been carefully detailed, are subjoined. We have satisfactory reasons to believe that the morbid appearances in these corresponded with those of some other cases, which have not been fully communicated. The cases here given have principally occurred in the neighbourhood of Boston, so that the committee are able to vouch for their accuracy. This is also established by the remarkable coincidence in the most important circumstances noticed.

WE shall now give a general statement of the most common, and the remarkable morbid phenomena, leaving the comparative frequency of the particular appearances to be observed in the cases introduced hereafter.

EXTERNAL APPEARANCE.

Soon after the patient expires, and in some instances a short time before, the skin assumes a formidable livid colour. This appearance is either generally diffused over the skin, or else it exists in spots, commonly of an irregular form, but occasionally rounded. The lividity is more remarkable at first on the anterior parts of the subject, especially on the fore part of the face, neck and shoulders; than afterward ; for it gradually subsides from these to the posterior parts of the trunk. Wherever the cuticle has been removed by vesication the skin is almost black and often covered by fluid blood. On the other hand the petechiae, which existed during life, become paler, vesicles or phlyctenae, eruptions and redness of the tunica conjunctiva disappear.

HEAD.

When the cranium is separated from the dura mater this membrane usually discharges a considerable quantity of blood. As soon as the dura mater is cut through, a quantity of serous fluid commonly escapes from under it, and the whole surface between the dura mater and tunica arachnoides is found to be quite moist with the same fluid. This is not always transparent like water, but sometimes quite red coloured. The longitudinal sinus is filled with blood, and when wounded discharges a very great quantity of this fluid, which pours into it from the cerebral veins. Having raised the dura mater, we discover an extraordinary fullness of the veins

on the surface of the brain, if the longitudinal sinus is still entire. This appearance however varies according to the duration of the disease. In those, who have perished within the space of twelve hours from the first invasion, the large blood vessels are excessively crowded, while in those of twenty-four hours continuance or longer the minute vessels are more distinct ; and the other appearances, we are to describe, are more conspicuous, in proportion to the duration of the disease. The tunica arachnoides and the pia mater are remarkably altered in appearance by the effusion of an opaque substance between them, which may be called coagulated lymph, or semi-purulent lymph. This substance is frequently of the yellowish colour of pus, with a consistence between the tenacity of lymph and the fluidity of pus. At other times we see it possessed of the aspect of well characterized lymph. This effusion accompanies the course of the vessels very generally. In no instance of the duration abovementioned have we seen it wanting in this situation, while it is always very irregularly diffused in the other parts. The space between the thin membranes contains also a considerable quantity of serous fluid. The two hemispheres of the brain adhere to the dura mater, near the longitudinal sinus, and to each other with so much strength, as often to require a laceration or incision through the substance of the brain, in order to arrive at the corpus callosum. The medullary substance exhibits a great number of bloody points at the sections of the vessels, while the cortical part

seems paler than usual. The lateral ventricles always contain a notable quantity of water. This varies of course. Sometimes these cavities may be seen greatly enlarged, and at others with not more than three or four times the quantity often found in healthy brains. The plexus choroides is often thicker and harder than natural, but always very pale from maceration in the effused water. The membrane attached to the plexus exhibits very considerable alterations from its healthy transparency to a state of morbid thickness and opacity. The membranes at the basis present the same appearances as at the vertex of the brain. A large quantity of serum is found there; and an effusion of coagulated lymph in mass has been witnessed in the same part.

THORAX.

THE heart generally exhibits some appearance of disease. In every instance the small vessels on the surface of the organ are beautifully injected: the external coat is sometimes the seat of a deposition of lymph, and even the inner lining and valves are occasionally altered from their healthy texture. The right and left cavities usually contain a small quantity of black blood, quite similar in appearance and quantity; and even the aorta has been seen gorged with the same dark coloured fluid. The structure of the lungs is not commonly deranged. These organs are of a light and healthy colour on the fore part; while the posterior or lower parts are discoloured by the blood which sinks into them. Their substance

contains a very variable portion of blood, dependant no doubt, on certain circumstances accompanying the cessation of life. It seems that when the lungs are full of blood the liver is flaccid, and when the lungs are empty the liver is large and turgid. In one case the cavity of the thorax was the seat of very considerable disease. The heart was inflamed and exhibited a large thick flake of yellow lymph on its anterior face. The pleura of the right side, both of the ribs and lungs was covered with the same substance, but more nearly approaching pus in its consistence; and the cavity of the pleura contained a very large quantity of half formed pus. The colour of the lungs externally was an ill-looking purple, and the pleura over them seemed to be shrivelled and adhered to the diaphragm. Their consistence was uniformly firm in this case, owing perhaps to the large quantity of blood they retained.

ABDOMEN.

THE contents of this cavity have scarcely shown any marks of disease. Its opening is not attended with so unpleasant impressions on the organ of smell as in most other diseases. The coats of the stomach are generally free from the slightest morbid appearance; but in a single instance, the last, which occurred in the vicinity of Boston, the mucus coat was in a state of very uniform inflammation, and the veins were visible through the peritonæal covering. The contents of the stomach are not usually remarkable; yet they have sometimes a resemblance to

coffee-grounds, or more nearly to brown soup ; while in other cases they consist of greenish mucus ; each without any offensive odour. The duodenum and the whole tract of small and large intestines are in a healthy state. The latter commonly contain a considerable quantity of fecal matter. The liver and spleen are distended in very various degrees, as we have already intimated, and are quite free of any morbid change, unless we except an extreme livid colour. The gall bladder is generally full of bile, which is sometimes of a dark colour and ropy consistence. The pancreas and kidneys present nothing extraordinary.

THE bladder is commonly full of urine.

THE muscular substance as well as all other parts, which are filled with and exhibit the colour of the blood, is of a livid appearance, such as is not witnessed in other diseases. This fluid has therefore necessarily a very dark hue. It is commonly accumulated in the cerebral vessels ; and is in moderate quantity in the venæ cavæ and cavities of the heart. After having flowed out it often coagulates. The coats of the blood vessels are not altered from their healthy state, if we except the change, which has been described as existing on the outer surface of the veins of the brain.

THE latest period after death when any of these subjects has been examined was from twenty to twenty-four hours ; at which time, there was a less offensive odour exhaled from the body than during life, and there were no signs of the commencement of putrefaction.

THE MODES OF TREATMENT WHICH HAVE BEEN ADOPTED,
AND THEIR EFFECTS.

THOSE evacuations which are ordinarily made in the commencement of acute diseases have been thought hurtful in this. Blood-letting has not been frequently practised by the gentlemen, to whom we are indebted for communications. They have been deterred from this practice by the opinions they have entertained respecting the disease; and by the reports of some of those, who had had previous opportunities of observation on the subject. Some cases however have occurred in which the lancet has been employed with benefit. These will be particularly noticed in the remarks which the committee will make on this head.

CATHARTICS have been thought injurious till the third day of the disease; but enemas have sometimes been administered on the second day, when specially indicated, without injury. In general emetics have also been thought injurious on the first and second days; but in this respect the caution has not been so universally regarded. Especially in cases "where sickness at stomach has seemed to arise from a prior indisposition in that organ rather than from a morbid affection induced by the disease," it is said emetics have been found useful. It is said also that where the vomiting has been frequent, yet only white mucus and the liquids recently swallowed have been ejected, emetics have not afforded relief. When medicines of this description have been administered opium has been given afterwards.

THE practice which has been by far the most generally pursued, and considered of primary importance, is to produce early and long continued sweating. In many cases, especially mild ones, this has been very easily effected ; in some severe cases it has been very difficult. The means which have been adopted for this purpose are very minutely detailed. The remedies are internal and external. The internal remedies employed have not generally been those now most commonly directed to produce diaphoresis in fevers, such as antimonials ; and which appear to excite the capillary vessels without increasing the actions of the heart or large vessels either in force or frequency. Preparations of antimony particularly seem not to have been at all tried ; but ipecacuanha, which resembles in its operation the preparations of that mineral, has been employed very successfully by some in combination with opium.

IN general the internal remedies administered in this disease with a view to produce sweating have been those called cordials. The external remedies have been warmth and moisture, and such articles of cloathing as would more effectually confine both. The following is a summary of the directions commonly given on this subject.

THE patient is first put into a warm bath, or his feet are bathed in warm water ; then, being well rubbed, he is to be laid in bed between blankets, and bed cloaths added in proportion to his sensations, or to his actual temperature when his sensibility is very much diminished. Around him are to be placed

bottles of hot water, or billets of wood heated in boiling water and wrapped in flannel; or he is to be wrapped in flannel wrung out of boiling water; sinapisms are applied to the feet; and he is to swallow frequently some warm liquid of the description given above, preferring to use the weakest which appears adequate to the particular circumstances of the case. The articles most commonly employed for this purpose are hot infusions of the leaves of mint, pennyroyal, and other similar plants, wine-whey, wine and water, wine, brandy and other ardent spirits more or less diluted, camphor, sulphuric ether and opium. It is not generally thought useful to excite profuse sweating. To this there appears to be a very considerable tendency, when moisture is once produced on the skin; and some very judicious practitioners have thought it necessary to check this great evacuation by wiping and rubbing the skin with warm dry cloths. But it has been thought very important to maintain the perspiration in a moderate degree for a length of time proportioned to the severity of the case; that is from twenty to forty hours, and even longer in some instances. To maintain this process not only cordials, but nourishment is given, such as the patient's stomach can bear; which in many cases is strong soup.

UNDER this treatment most commonly the violent symptoms and not very rarely all the appearances of disease have subsided. When relief has thus been obtained the diaphoresis must not be suddenly checked, nor must the patient be hastily moved

from his bed. The skin should be allowed to dry gradually, or if very much loaded with moisture should be frequently wiped and rubbed; but the patient should not be removed nor the bed cloaths shifted till the third day.

THE administration of the articles mentioned has been regulated, not merely with a view to promote diaphoresis. They are also thought necessary to excite the actions of the heart and large vessels and to produce warmth. In proportion to the necessity of the case, the strength and quantity of these articles have been increased or diminished. In many cases very mild cordials assisted by external heat and cloathing have been found sufficient to effect the purposes desired; in others the most bold and liberal use of the strongest cordials has been thought necessary; they have been borne in very large quantities, and it is said that life has appeared to depend on their effects. In administering medicines of this description the quantity has not been regarded; the practitioner has measured the use of them only by their effects. In cases of extreme coldness, great torpor and frequent vomiting ardent spirit has been given undiluted; and when it would not remain on the stomach if given cold, it has been made hot. Under such circumstances a quart of brandy has been given in twelve hours. It should however be noticed that some of our correspondents who have been very conversant with the disease protest strongly against this liberal use of cordials; and believe that much injury has been produced by them. In the lethargic state,

which is, it is said "the death state of the disease, unless a speedy change be produced," tincture of opium has been thought eminently serviceable. In cases which have been thought desperate fifty to a hundred drops of this tincture administered every half hour "have almost invariably removed the lethargy." When deglutition has been rendered impossible by paralysis opium has been administered in enemata with the most salutary effects. In cases of spasm also opium has been given in large doses* with the most happy consequences.

ARSENIC has not been very much employed by our correspondents, and its effects are not particularly stated. In general if its use is mentioned, it is with approbation. Two gentlemen have administered the usual preparation of this article in the convalescent state, and they think it has been beneficial.

At the same time that cordials have been employed internally, and heat to the general surface of the body, cold water, snow, and ice have been applied to the head. These applications have been made, when there was violent pain in that part with heat and flushed face, and when there was violent delirium. The cold applications have in these cases afforded great comfort to the patient, and have mitigated or removed those very important symptoms. Sulphuric ether dropped on the head and allowed to evaporate, has produced similar good effects.

* In one case a scruple was given in the course of three hours ; in another forty-two grains in forty-eight hours.

VESICATION on the back of the neck, or on the head, forehead, and temples has likewise been followed by most important good effects, not only in relieving the complaints about the head, but in abating other violent symptoms of the disease. Vesication over the stomach has been very successfully employed to check incessant vomiting ; and, generally, to remove the morbid irritability of that organ.

THE bark of the officinal cinchona has been thought too slow in its operation to effect any change in the early movements of this disease, when severe ; but after the first danger has been over, that and similar remedies have been employed with some benefit. But preparations of iron* have appeared to one gentleman to produce a better effect during convalescence than cinchona.

IN some cases when apparently grown desperate, one gentleman found the warm bath a remedy of the highest value.

PREPARATIONS of quicksilver, particularly the submuriate, have been exhibited in this disease in the same manner, as they are given in this country in various other acute diseases. They have been more or less employed by various physicians ; but particularly by a gentleman at Worcester. Other articles, such as have been mentioned, were also administered by this gentleman ; but where life was not immediately threatened these preparations were

* This gentleman gave Griffith's myrrh mixture.

more particularly relied on. His mode has been to "administer diligently" from the beginning submuriate of quicksilver combined with camphor and ipecacuanha, and with so much opium as to prevent any powerful cathartic effects from the medicine. This mode has been pursued until a slight affection of the salivary system has been produced. The success attending this practice certainly was not exceeded by that of any other ; and, while pursuing it, the very liberal use of cordials has not commonly been found necessary.

THE committee have now reported every thing of importance relative to the disease lately epidemic in the county of Worcester and elsewhere within this commonwealth, so far as they have been able to obtain information on that subject. They will here add some brief notices

RESPECTING THE SAME DISEASE IN OTHER PLACES.

THE appearance of this disease in the county of Worcester was not the commencement of its recent prevalence in our country. It is obviously the same which occurred in Medfield in 1806, of which an account was published among the *medical papers* of the society. It is unnecessary to recite the description there given.

SINCE the month of March 1807 the same disease has been epidemic in some parts of the state of Connecticut. In that month "it appeared in the city

of Hartford, and soon after in the town of Windsor. From that time to the present it has made its appearance at various times and in various places in the counties of Hartford and Litchfield. Cases have occurred in almost every month of the year ; but it has generally been most prevalent in the last winter and the spring months. We are not sensible of any variation in the seasons sufficient to have given rise to this new form of disease. The winters preceding the springs of 1806—7, when the disease first appeared, had been, as usual of late years, open and mild. The winter of 1808—9 was unusually severe. The local situations of the towns, in which the disease has been most prevalent, are various. While some of them are situated upon the borders of rivulets, and intersected by small streams never known to emit unhealthy vapours ; others are placed upon high hills and bleak ridges, and have been ranked among the most healthy in New England.*” It appears that this disease has exhibited in Connecticut considerable variety of character in different places and in different years.

It would be interesting to notice all the circumstances observed there which have not been remarked in this state. But this report will not give room for such notices.

* *An inaugural dissertation* on the disease termed petechial, or spotted fever, by Nathan Strong, jun. of Hartford Printed by Peter B. Gleason, 1810. The committee have derived their information respecting this epidemic in Connecticut from this dissertation, from a paper by Dr. Samuel Woodward, published in the New York Medical Repository, and from the private letters of respectable physicians in that state.

THIS disease is said to have prevailed during the present season in some parts of the states of New-York and Vermont and of the province of Upper Canada. It is reported that in these two last mentioned places symptoms of pneumonic affection have in many cases attended the disease. The committee have not yet been able to obtain satisfactory information from those quarters.

ON THE NAME AND CHARACTER OF THIS DISEASE.

THE committee now beg leave to make some remarks on the name and character of the disease, which is the subject of their report.

THIS disease has been called spotted or petechial* fever. The name has been considered improper by most medical men, who have had occasion to remark upon the subject. It is however true that to similar epidemics, that is to epidemic fevers resembling this in the appearance of petechiae, the name of petechial fever has been given. Two opinions have been maintained on this head. The one that the petechiae are primary, or essential to the

* It is conjectured by Hoffman and others that this term is derived from the Italian word *pedecchio*. But Burserius suggests that it may be derived from *pestis*, because these spots were first noticed in the plague. Burserius had traced back the history of these spots in Italy only to Fracastorius. But his suggestion derives considerable force from this circumstance; that Ingrassia, who, according to Willan, noticed these spots in Italy a hundred years before Fracastorius, and probably before any one else, called them *pesticias*. Willan on cutaneous diseases, Vol. i. p. 470.

disease in the same manner as the eruptions in small pox and measles to the diseases, which bear their names. The other opinion is that they are secondary, or symptomatic; that they may or may not occur in various diseases, and that they are produced in consequence of some peculiar state, into which the system is brought not by any specific actions, but by actions common to various diseases.

THE first opinion is adopted by Burserius, one of the most industrious and learned of compilers. He discusses the subject very fully,* and states the reasons for his opinion. Of these the principal are, I. That, when petechiae prevail epidemically in any place, they are found on many persons without fever or any other preceding disease. II. That the disease has a great tendency to the skin, so that although in a few persons who have the fever they do not appear, yet that they do in the great majority of instances. III. That the fever has a great variety of character so that the petechiae cannot be supposed to depend on the fever, but on the contrary the fever on the petechiae. IV. That the petechiae appear at various periods of the disease. V. That the eruption when perfect in its character gives relief, and “that in consequence of it alone, without any other sensible excretion, the disease is entirely resolved.”

* Institutions of Medicine translated by Brown—Vol. iii. p. 226. Chapter on the Petechiae or petechial disease. His arguments are not here stated at large; but the most important parts of them are given. See the work.

The committee have stated the opinion and reasons of Burserius, because they have not found any other author, who so decidedly adopts the first opinion, and engages so fully in its support as he does.

IN answer to his first reason it may be stated that, although he quotes several writers in its support, the circumstance he mentions has not been noticed by many, who are considered the most eminent practical writers. That however petechiae may have appeared at those times without fever will not be denied, since they often appear at other times without fever, or certainly without any considerable fever. Such petechiae are described by the very accurate Willan;* but he does not remark that they occur more frequently while fevers are epidemic which are accompanied by petechiae. So far as is known to the committee petechiae without fever have not been seen here during the late epidemic.

IN answer to the second it is the remark of a large proportion of practical writers that petechiae do not appear in nearly all the cases of those epidemics in which they are noticed. It is also remarked by most of these writers that the frequency of their appearance depends very much upon the treatment of the disease. Both these remarks appear to be confirmed by Willan.†

THE third reason or argument it is obvious may be stated with equal force on the other side ; inas-

* On cutaneous diseases Vol. i. p. 453. and following.

† On purpura contagiosa.

much as petechiæ appear in fevers of a great variety of character. From various considerations we do not believe it can have any, certainly not much weight on either side; but if any, the less in favour of the opinion of Burserius when taken in connection with his fourth reason. For by this it appears not only that the constitutional affection has not any peculiar character, but that the period, at which the spots appear, is exceedingly variable and uncertain. Although this may be true in some degree as to small-pox, measles, &c. it is not true of them at all in the same extent as Burserius states it to be with respect to petechiæ. Petechiæ may appear from the first to the eleventh day of the disease, and even later.

THE fact which he states in his fifth and last reason is expressly denied by most practical writers on this subject, whom the committee have had an opportunity to consult.

SENNERTUS states that petechiæ are rarely critical; or rarely appear at the time of the crisis; but avers that they are commonly symptomatic. He believed that petechiæ belong to malignant fevers.* Riverius also states that they are sometimes critical, sometimes symptomatic†; but does not say which character they most frequently bear. Burserius however makes a distinction, similar to that we have stated, between those which are primary and

* "Febres petechiales ad malignas pertineant." Opera—Vol. 2. p. 200. Lugduni 1650. His use of the term malignant may be learnt in his works—and will be noticed in a subsequent part of this report.

† Opera p. 450. Lugduni 1679.

those which are critical ; for he considers both the critical and symptomatic, secondary ; and agreeably to this distinction it is obvious that neither Senner-tus nor Riverius consider petechiæ in any case, as he does, primary.

SYDENHAM certainly did not know the petechial fever, as a specific disease ; and Bellini,¹ Fr. Hoffman,² Lientand,³ Stoll,⁴ Cullen,⁵ Selle⁶ and many later writers of good reputation,⁷ who have spoken of petechiæ, consider them not only as secondary, but mostly as symptomatic. Willan does not expressly discuss this question, as the nature of his work does not seem to require it ; but his opinion very obviously is that petechiæ are only symptomatic in the fevers in which they occur. He treats it as a point not contested, although he refers to Burserius.⁸

As regards the epidemic under our consideration the committee have adopted the second opinion stat-

¹ De urinis et pulsibus, de febris, &c. Lugduni 1717.

² Hoffman treats of the true petechial fevers ; but he leaves no doubt as to his opinion in this point. "Exanthemata veteres generali denominatione has dicunt maculas.—Ab aliis autem exanthematibus præter figuram in eo discrepant, quod non modo sine omni ardore, sine pruritu, cutis elevatione, asperitate et exulceratione prodeant, sed et ut plurimum sine levamine." Med. Rat. Syst. Vol. 4 p. 258. Venet. 1730.—Itching has commonly been remarked here to accompany the eruption.

³ Synopsis universæ praxeos medicæ. Vol. I. p. 27. Paris. 1770.

⁴ Aphorismi de febris p. 151. Paris. anno sec. Reipub. Gall.

⁵ Genera morborum. Also First Lines of the Practice of Physic.

⁶ Rudimenta Pyretologiae methodicæ pp. 177--8. Berolini 1789.

⁷ See Parr's Med. Dict. one of the latest works of authority which we have.

⁸ Willan states that petechiæ have been noticed not only in acute, but in various chronic diseases. On cutaneous diseases, Vol. I. p. 471.

ed above, viz. that the petechiæ are secondary, for the following reasons. I. The cutaneous affections which occur in this disease are very various ; such as red spots only, miliary eruptions, blotches, vesicles, pustules and rarely purpura or petechiæ.

II. In a very considerable proportion of cases there are not discovered either spots or eruptions. Indeed if we except some slight appearances on the inside of the elbow-joint, and in similar places, which very probably are to be attributed to sweating, such spots and eruptions are comparatively rare.

III. THESE spots and eruptions appear at very uncertain periods of the disease, and are of very uncertain duration.

IV. ALTHOUGH in some instances it has been remarked that relief accompanied the appearance of these spots and eruptions, this has not been noticed by the majority of those conversant with the disease.

It seems however to be true that in this disease there has been a tendency to increased action in the skin ; which is evinced by the sweats,* by the various spots and eruptions, and by the itching. This last has very often taken place at the crisis ; and in general an increased and free action of the cutaneous vessels has been attended with relief to the internal and more noble organs.

* Although the sweats may not have occurred spontaneously, yet in many cases when excited they have very readily become profuse.

IN confirmation of the opinion we have adopted it may be added that in Connecticut "these spots, which in 1806-7 marked almost every case, in 1808-9 were rarely observed."*

WHAT is this disease? To this question the committee feel themselves bound to reply ; this they attempt with diffidence.

IN this disease are discovered the symptoms of fever ; febris of Cullen ; fever as described by Dr. George Fordyce.† These symptoms are disproportionate in different parts of the system ; and generally are seen most violent in the animal system ; or in the brain and its dependant organs.‡ These symptoms are also said to be irregular in their course and order ; by which is meant that their course and order are neither the same in all the subjects of the disease, nor the same as in ordinary fevers.

To these remarks may be added that, agreeably to the statement heretofore given, there exists in this disease inflammation of the internal organs, particularly on the membranes, and especially within the cranium ; in the severe cases of the disease always within that cavity. Occasionally inflammation is also

* Strong's dissertation, p. 11.—That the disease there was the same which has occurred here will not be doubted on comparing our description with Strong's. We may remark that our's is drawn entirely from those of personal observers, and, though much like his, is not copied from it in any particular. This remark we make that more confidence may be placed in the similarity which is noticed in the disease.

† Dissertations on fever.

‡ See note p. 129.

found on the membrane covering the heart, and lining the pericardium; and less frequently on the pleura.

GENERAL inflammation combined with fever is noticed by Fordyce, and he describes the symptoms attending such combination. The principal symptom he mentions, as showing the existence of inflammation under these circumstances, is hardness of the pulse; to which however he adds that blood drawn under proper precautions* is covered with a buff, or a coat of coagulable lymph without red particles.

HARDNESS of the pulse and this appearance of the blood have not commonly been noticed in this disease; particularly not in those persons, whose bodies have been examined after death. We may therefore infer that a combination of fever and inflammation, such as Fordyce has described, has not commonly existed in this disease.

THE symptoms will perhaps authorize an opinion that the inflammation is erysipelatous.† The appearances on examination after death do not disagree with this opinion. They do in some instances afford to it a strong confirmation. The substance of the diseased parts has not been found thickened, or carnified; nor do the inflamed surfaces exhibit a bright colour. The exudations are coagulable lymph, serous and purulent fluids. The lymph is not, as in phlegmonous inflammation, white and semitrans-

* The committee do not think it necessary to mention here these precautions, nor the explanation well known of this appearance called buff.

† Several of our correspondents have compared this disease to *cynanche maligna*, in which the inflammation is erysipelatous; and this comparison they have made without appearing to have those views of the character of the disease which we now present.

parent ; but approaches to pus both in colour and consistence. In case XI. in the thorax were exhibited all the circumstances here described. Now we are told by Mr. Hunter that when erysipelatous inflammation occurs in circumscribed cavities "it hardly produces adhesions, and when it suppurates the suppuration takes place first."* In confirmation it may be added that, when external inflammations occur in this disease, they are erysipelatous ; at least in most such cases.

THE following then may be stated as general inferences. *This disease is fever combined with internal inflammation ; and the inflammation is commonly erysipelatous.* Yet this character of the inflammation applies to individual cases more or less perfectly. In some recent cases especially the inflammation has approached more nearly to the phlegmonous ; and perhaps in none is it purely erysipelatous. It is frequently of a character intermediate between the two.

It is further to be remarked that this inflammation has been most constantly found within the cranium. Is inflammation in this cavity common to all cases of fever ? This opinion has been entertained by some practitioners ; and it has of late been particularly supported by two teachers of medicine.† The positive evidence that such inflam-

* On the blood, inflammation, &c. Vol. I. p. 232. Philadelphia edit. 1796. See the whole section.

† Dr. Ploucquet, Professor of medicine in the university of Tubingen ; and Dr. Clutterbuck, Lecturer in London. See Clutterbuck on fever ; and for the doctrines of Ploucquet see Beddoes on fever as connected with inflammation.

mation has often been found to have existed in cases of fever is very considerable. But the evidence that such inflammation is often wanting is irresistible.* It appears that inflammation has often been found in the other great cavities in subjects dead of fever, and not at the same time within the cranium. Sometimes it is found in one cavity only; sometimes in two of them at once, and at other times in all three. We well know that inflammation is often seen externally during fever. But in many cases of fever there has not been discovered any inflammation either during life, or after death. It is therefore proper to infer that fever, in the sense in which we use the term, is not dependent on inflammation. When the two diseases exist together they are to be considered as in combination, without having any necessary dependence on each other.

WE are now led to this question. Have those fevers in which such inflammations occur been distinguished by any peculiar character, so as to be specially denominated by professors of medicine? The committee believe that this question may be answered in the affirmative, and that the consideration of it will not be useless.

By inverting the terms we shall find an answer in an observation made by Baglivi. "*Quae nobis videntur malignae a viscerum phlegmone aut erysipelatode fiunt.*"† This is the sum of a doctrine,

* See Beddoes' researches.

† Opera—p. 51.

which subsequent observations and researches appear to have confirmed.

THE term *malignant* has been very loosely applied ; and its use has been justly reprobated by Sydenham and many others. Yet there is one description of fevers, to which it has been more peculiarly appropriated. It is true that the best writers are very often confused in the endeavour to distinguish pestilential, putrid and malignant fevers. To engage in the consideration of all their distinctions and all their confusion would lead the committee too far from their object. They believe however it will be useful, in order to determine the true character of the epidemic under their consideration, and to compare it with diseases heretofore described, to point out those symptoms which have been considered evidences of malignity in fevers. They are the following :

I. GREAT disproportion in the violence of the symptoms, compared with each other.

II. SOME peculiarity in the character of the symptoms when compared with those called by the same name, as they occur in ordinary diseases.

III. REMARKABLE imbecility, and prostration of all the powers of the body, or of certain of them, without any manifest cause ; occurring at the very commencement of the disease, or after it has continued a few days with mild symptoms.

IV. PAINS in any or every part of the body, sometimes fixed, but often shifting ; in the limbs

severe, as if they had been bruised or broken ; with tossing and twisting.

V. **EXTREME** pain in the head ; the greatest solicitude and perturbation of mind, watching and delirium ; or stupor, coma and lethargy. Imagination very much disturbed and memory weakened.

VI. **THE** countenance very much altered, losing its usual spirit and expression ; sometimes entirely natural. Face often livid and leaden coloured.

VII. **EYES** red, or dull and cloudy ; dimness of sight and blindness. Ringing and hissing in the ears ; deafness. Taste and smell depraved.

VIII. **TONGUE** rough, dry and dark ; mouth bitter ; sometimes with insatiable thirst, sometimes without any.

IX. **PULSE** frequent, small, weak ; even in beginning extremely small and frequent ;* variable and intermittent.

X. **HEAT** sometimes great, but oftener less than in other febrile affections. Extremities often very cold.

XI. **URINE** similar to that in health, especially in the first days of the disease ; sometimes thin, without sediment ; or if there be any sediment it is often dark coloured, more like an excrementitious substance than like the usual sediment.

XII. **MATTERS** discharged from the stomach and bowels often livid, black or green, or otherwise unnatural.

* Est etiam interdum in hujus febris initio pulsus formicanti similis, minimus et frequentissimus. Sennertus.

XIII. SCANTY and frequent sweats about the forehead and neck only ; sometimes profuse over the whole body.

XIV. RED, livid, ash-coloured and black spots on the neck, back, breast, arms and legs ; various pustules ; carbuncles, parotids and buboes, which last do not readily suppurate.

THIS description is taken from the works of Sennertus* and Riverius, medical writers of distinguished reputation in the sixteenth and seventeenth centuries. Subsequent writers agree in the same, especially Bellini and Fred. Hoffman. One character however which they all give to this fever is that it is contagious. In this respect certainly our epidemic does not accord with their description ; but it is well known how imperfectly this subject of contagion has been understood ; and indeed how imperfectly it is understood by many writers at the present day.

THE committee are unwilling to multiply references any farther than is necessary to establish the character of those fevers which have been most distinctly considered as malignant. This character does not seem to have been clearly distinguished by many modern writers. It has however been particularly recognized by Selle in his *Rudimenta Pyretologiae Methodicae* ; and perhaps more distinctly

* Sennertus terminates his description in these words. *Et ut haec concludamus, nihil ferè mali est, quod non interdum in hisce febribus appareat ; ac quò magis extrà omnia tuta apparent, eò magis intus omnia sunt turbata et mutata.* Op. Vol. 2. p. 185.

by Pinel. The former comprehends fevers of this description under an order in which he denominates them *febres atactae*; the latter adopting the same term calls them in his own language *fièvres ataxiques ou malignes*. These are comprehended in his nosological system under the fifth order of primitive fevers. The epithet which Selle substituted for malignant, and which is adopted by the French professor, expresses that the leading character of the diseases under that order is irregularity. One short description of ataxic fevers is this; "fevers distinguished by anomalous and irregular affections of the nervous system, occasioned by any cause either moral or physical which affects the nervous principle."* Another is the following; "The true character of the fevers of this order is to present a continual aberration and perversion of the sensibility, which appears at one time destroyed, at another exalted to the highest degree; and of which the alteration is manifested by nervous symptoms, that vary incessantly, succeed each other and alternate without any fixed order, and proceed in a manner the most incoherent."†

THE committee will not engage the attention of the counsellors in inquiring to which of the genera

* Dictionnaire de medecine par—Jos. Capuron.

† This description is taken from a note by Renauldin, in his translation from the German to the French of Dressing's treatise upon diagnostics. p. 21. The committee regret the impossibility of procuring Pinel's nosography, where no doubt they would find his definition exactly laid down. They have acquired the knowledge of his system only from his *medecine clinique*, and from the writings of some of his pupils.

of Pinel's order of ataxic fevers our epidemic belongs ; whether all the individual cases may be distributed among those genera, or whether a new genus must be constituted. They have been led incidentally into some nosological inquiries, or into a consideration of names ; but these inquiries and considerations have not been their ultimate object. This object has been to show by what symptoms the disease called *malignant fever* has been known ; and, although diseases have many times been called malignant without proper discrimination, that the epithet has by some of the best practitioners been appropriated to those of a certain description.

It appears then that the leading circumstances, which distinguish such fevers, are the following ; viz. great prostration of strength ; affections of all those functions belonging to, or immediately connected with the brain ; and great irregularity in the symptoms, their course and order.

THE committee proceed now to inquire whether experience has confirmed the observation of Baglivi ; that is, whether it has been found that inflammation of the internal viscera is combined with fever in those cases, where fever has the characters above mentioned.

THE appearances after death in subjects of fever have been much more regarded by the Germans and French, than among the English and Americans. But the works of the writers on the continent of Europe are not very commonly found in this coun-

try ; and many of them, which might be consulted with great advantage, are not in our hands. For this however we are in some measure compensated by two recent publications in England, to which we have already referred ; an inquiry into the seat and nature of fever by Clutterbuck, and researches concerning fever as connected with inflammation by Beddoes. The former of these writers, endeavouring to show that fever was dépendent on inflammation within the cranium, gives us many observations in confirmation of this opinion. Beddoes has many more observations industriously collected from very extensive reading, in which he shows inflammation in various parts of the body to be combined with fever ; and also others in which no such inflammation was discovered. Neither of these writers certainly had any idea of shewing that it is especially in fever of the description called malignant that such inflammations are found. But it is impossible to look into their works with this idea in the mind, and not be struck with the evidences, which are furnished by them of its truth. In some cases of such inflammation the nature of the disease is not mentioned ; but wherever it is mentioned, or wherever the history of the disease is given, it is found to belong to Pinel's order of *fievres ataxiques ou malignes*. The committee might here introduce the various evidences to which they refer ; but this would be to extract the most valuable parts of the books they have mentioned. To those books therefore they beg to

call the attention of the counsellors.* In addition to the evidence furnished by those writers they will add only the following. This is such as tends to

* See Clutterbuck on fever Vol. I. p. 168.—The following remarks may be made on his references.

Boneti Sepulchret. Lib. IV. Sect. i. Obs. 34. the cases are not sufficiently detailed to determine the character of the diseases. Obs. 44. first case is somewhat detailed ;—it is intermittent, and certainly ataxic. The head was diseased. Second case is taken from the same author, *Piso*. He says the symptoms were the same, and so were the appearances on dissection.

Morgagni de causis et sedibus—Epis. 4. 6, 7, 8. are referred to generally as containing cases of fever, in which the brain or its membranes were diseased.

Epist. iv. art. 6. 9, 26. are cases of fever clearly ataxic.—Morgagni expressly mentions respecting the 9th, that it was malignant. In each the brain was diseased, although other organs were more so in the 26th. Epist. vi. art. 2 & 3. and 8. two cases evidently ataxic ; brain diseased. Respecting the case in art. 8. Morgagni remarks that the inflammation was erysipelatous ; the appearances were almost precisely such, as have been discovered in the cases here. Same epistle art. 4 and 6. contain cases probably ataxic. In the one was found sanious matter in the tympanum—in the other brain diseased. Epist. vii. art. 2. ataxic fever ; brain diseased. Other cases in the same epistles might be noticed, but they are not clearly stated so as to shew what was the kind of fever, although the brain was found diseased. There are also here and elsewhere cases of ataxic fever, in which other viscera were found diseased.

That this note may not be too long we only add that Clutterbuck refers also to Lieutand, Werlhoff, Mangetus, Haller, Pringle, Donald Monro, Vogel, Chambon, Baillie, and Jackson, as stating that the brain has been frequently found diseased in those who have died of fever ; but it appears that four of them confine this remark expressly to malignant fever ; one to petechial fever, one to typhus, and one to yellow fever, probably all of them ataxic.

In a very large proportion of the cases collected by Beddoes in which the brain was found diseased, the fevers were ataxic. He also gives some cases of similar fevers in which other viscera were diseased.

shew that in malignant fever inflammation occurs in the parts within the cranium.

PINEL in his *medicine clinique* gives twenty-eight cases of ataxic fever, and forty-nine cases of fevers of different characters. Nineteen cases of ataxic fever terminated fatally and fourteen of the bodies were examined. Nine of the other cases were fatal and five were examined. Of the fourteen in every one there were diseased appearances within the cranium precisely similar to those discovered here; of the five not one had similar appearances, nor any other appearances of disease within the cranium. This too conforms to Pinel's general remarks on the same subject; and is supported by further evidence in a dissertation "sur les fievres ataxique sporadique et adynamique continue, &c. par. A. B. Dessains," a pupil of Pinel. In four cases, the only ones examined, the appearances corresponded exactly with our's. The account, which is published among the papers of the Society of a fever at Geneva, shews that that disease was the same which has prevailed here. It is there said that on examination after death the blood vessels of the brain were turgid; but that in other respects both the brain and the other viscera were found natural. Beddoes gives an abstract of another account of the same epidemic by Dr. Matthè. According to his account the same congestion only was found in three children, who died of this disease in less than twenty-four hours. But he reports also that in an adult, who died on the sixth day, the following changes had occurred in the brain;

viz. "vessels of the meninges strongly infarcted, a bloody-gelatinous fluid spread over the whole brain, liquid in the ventricles, choroid plexus deep red; at the posterior part of the lobes and interiorly puriform matter without alteration of the texture of the brain; the same at the thalamus nervorum optico-rum and extending along these nerves and an inch into the cavity of the spine; cerebellum very soft."

At Medfield also there was noticed, in three cases only, turgescence of the cerebral vessels; but in two other cases, more obvious proofs of disease within the cranium were discovered. In like manner in case XIV. which occurred at Charlestown, turgescence of the veins only was discovered on examining the brain. But in this case, in those similar at Medfield, and in most of those at Geneva, the disease had not continued twenty-four hours. Now it is not straining the facts too far, when the whole are taken in connection to believe that in these cases inflammation had commenced, although there had not yet occurred any such organic effects as to demonstrate this perfectly.

THERE is indeed another explanation of the state of some, who have died thus suddenly and in whom there has been found only distension of the cerebral vessels; this is that they are apoplectic, or die from the sudden pressure on the brain. The appearances during life in some of these cases accord with this explanation. The symptoms in case XIV. and in many others, were very strikingly similar to those of apoplexy.

FROM Pinel's remarks inflammation in the brain has been found in all cases of ataxic fever ; and the other viscera have been inflamed in fevers, which were not of that description. This certainly has not yet been made to appear ; but the committee are disposed to consider this doctrine as not materially incorrect.

IF some cases occur which come under the description of ataxic fever, and in which not the brain but the other viscera are found to have been inflamed, an explanation may be found by reference to the laws of sympathy. In cases of this description the inflammation has more commonly been found in the abdominal than in the thoracic viscera ; and it is well known that morbid sympathy is more commonly remarked between those viscera and the brain than between the thoracic viscera and the same organ. But the committee do not wish to urge this doctrine too far. It is certain that in a vast many cases of ataxic fever the brain has been found diseased ; and on the other hand that where the brain has been found diseased the fever has commonly been ataxic. But the same connexion sometimes, although much less generally, has been found between fever of this description and local affections within the thorax and abdomen. The subject must be considered as under investigation, but certainly not yet made perfectly clear. To elucidate it are wanting numerous accurate observations on the living and on the dead. Observations sufficiently numerous can be made only by the joint labours of many. But let every one recol-

lect how many valuable observations already made are lost to us, and what is worse, serve oftentimes only to perplex us, because they have been recorded imperfectly and inaccurately.

THE application of the doctrines, which have been stated, to the epidemic under our consideration is only general. In examining individual cases we find great variety of character. It is probable that there have occurred cases of pure fever, synochus and typhus, both mitior and gravior; cases of fever complicated with inflammation of the brain; and cases of such inflammation alone, not combined with fever. Perhaps we should add that in some cases the facts shew only a great turgescence of the cerebral vessels, not accompanied with inflammation. The inflammation also has varied in its character, and has been phlegmonous, erysipelatous, or frequently intermediate, the erysipelatous character predominating.

It probably also happens that in some cases fever terminates in local inflammation; and perhaps inflammation in fever. Undoubtedly in some cases the one disease commences alone, and the other supervenes and combines with the first.—This is very common in malignant epidemic fevers; and hence the patient does not at first, perhaps not for some days, appear to be affected with a severe disease; when suddenly there ensues great prostration of strength with symptoms of cerebral affection.

INTERMITTENT fevers are not prevalent among us; and probably owing to that circumstance we attend less to remissions in fever than physicians in

most other climates, who are in the habit of distinguishing the paroxysms of fever. The committee have not any information respecting the general character of the disease under consideration in these respects. It would seem however from some cases communicated to us and from casual remarks that it has remissions, although they may not be of any regular type ; in some instances there is reason to suspect that these remissions have amounted almost to intermissions. Where the fever has had periods of remission or intermission, these may have been less observed because the symptoms of inflammation have continued.*

CAUSES.

RESPECTING the predisposing cause of this disease the committee cannot offer any remarks that are satisfactory to themselves. The following circumstances only we know respecting it ; viz. that it has been in operation since the winter of 1806, to the present time ; that its operation extends over a very considerable portion of country ; that after ceasing to operate in one part of the country it commences its action in another ; that the portions of country in which it produces its effects are very various as to soil and elevation ; that the seasons in which it is produced have been of different characters as to temperature and moisture ; and that it has been most powerful from midwinter till the latter part of spring. The suggestions that bad grain has been

* See Fordyce on irregular intermittents.

in any measure influential in producing this disease are not corroborated by any evidence before the committee. Shall we with Sydenham confess our ignorance, by referring the predisposing cause to some secret peculiarity in the constitution of the atmosphere?

SOMETHING more is known respecting the exciting causes. These are the same which operate in all cases, when epidemics prevail which are not contagious. Errors in diet, exposure to sudden changes of temperature, or to damp air, fatigue, watching, anxiety of mind, and in short any cause, which in a time of health will produce a slight derangement in the system, will, during the existence of an epidemic which is not contagious, operate as an exciting cause. In other words the predisposing cause affects all, or a certain portion of, the members of the community in such a way, as that whenever the ordinary functions of the system are interrupted, in any considerable degree, such persons become affected with the prevailing disease. It is in consequence of fatigue and anxiety that the attendants on the sick often become affected with the prevailing epidemic; but in such cases the disease is often thought to be produced by contagion.*

THE committee do not make these remarks merely in conformity to general principles entertained by them, although that conformity exists; they are founded on the observations of their correspondents.

* See Adams's Inquiry into the laws of Epidemics.

THE committee have gone as far in analyzing the disease, as facts will warrant them. They will not add any thing respecting the proximate cause ; for that would engage them in the investigation of the proximate causes of fever and inflammation, subjects which have more frequently been discussed, than illustrated.

RESPECTING the causes of symptoms they may have occasion to make some remarks in considering the method of treatment ; they wish not to make any, which have not for their object immediate practical utility.

METHOD OF TREATMENT.

A FEW remarks will be made introductory to the indications of cure ; these will be stated, and the means of fulfilling them briefly pointed out ; and then the different remedies to be employed and the circumstances, which should regulate their employment, will be more particularly considered.

IN some cases of this fever the immediate destruction of life is threatened in the first stage, in consequence of pressure upon the brain. This pressure is produced by congestion of blood in that part.

IN other cases life is threatened by inflammation of the membranes covering the brain and lining its cavities, accompanied by a more slight congestion. This inflammation may destroy life in consequence of the irritation communicated to the whole system by the affection of so important an organ ; but more

commonly by the effusion, which it occasions, producing pressure on the brain.

THESE dangers are increased by the combination of fever with inflammation, by which the system is rendered less able to produce a natural cure, and which embarrasses the physician in adapting remedies to the disease. There is in addition some risk of life from the fever alone ; but this is not considerable.

IN a large proportion of cases the dangers, which have been described, do not exist at all, or only in a slight degree.

WHEN congestion in the brain exists, the first indication is to diminish the quantity of blood in that part. This is to be effected if possible by inducing contraction in the vessels of the head, and dilatation in those of the trunk and extremities. For this purpose cold applications are to be made to the head, and those which are warm and moist to the body ; and at the same time, if there be great depression of strength, very mild cordials may be administered. Where however the pressure on the brain is very great, blood should be drawn from the jugular vein.

WHEN there exists inflammation within the cranium, without any considerable pressure, the first indication is to discuss the inflammation, so as to leave the patient affected with simple fever. This indication it is difficult to fulfil ; for although we separate the diseases in our own minds, and although in a certain sense they have distinct existences, yet they are combined in one and the same system, and

probably are modified each of them by the other. We may indeed sometimes relieve both at once, but we may also, while we relieve the one, increase the danger of the other. To fulfil this indication the same remedies may be adopted, as stated above to relieve congestion; and, in addition, the forehead, the back of the neck, and even the whole head should be blistered. Bleeding however should not be readily practised in this case, unless the inflammation approach the phlegmonous character; nor will it often be admissible in this case to use cordials. Preparations of quicksilver, which will also be useful in attending to other indications, will be beneficial with regard to this.

THE second indication is to interrupt those actions which belong to the fever, so as to restore the actions of health. This indication will oftentimes be fulfilled by the treatment already proposed. In addition, preparations of quicksilver may be exhibited, until an effect is produced on the mouth. In some cases emetics may assist in attaining the purpose here proposed.

THE third indication is to support the strength of the patient while going through the disease. To which end all evacuations should be avoided, which are not absolutely necessary, unless there is good reason to believe, that the disease may thereby be cured, or materially diminished. Also such nourishment should be given as the stomach will bear with ease.

THE fourth indication is, when the disease has subsided, to restore vigour to the system exhausted by the fatigue of unusual exertions, by unusual evacuations and by want of nourishment. This indication is to be complied with by administering tonics and nourishment ; at the same time all exertions, which cannot very easily be borne, should be avoided. Each of the remedies mentioned, and such others as may be deemed important will now be separately considered:

EVACUATIONS.

IT has been the practice of almost all physicians to make some evacuations from the body, in the commencement of acute diseases. It would seem that experience must have been in favour of this practice, or it would not have been so universally adopted. As to the mode of evacuation and the extent to which it should be carried, there are no doubt various opinions. But in ataxic or malignant fever, many physicians have thought all evacuations injurious, while others have advised them to be very profuse. It is certainly true that evacuations must not be wantonly or indiscriminately prescribed in this disease ; but when they are made for certain definite objects, and regulated in their extent by a regard to those objects, they may be highly beneficial. The objects to be had in view will be stated under the heads of the particular evacuations.

BLOOD-LETTING.

THE effects of this evacuation are not always the same, and the mode in which it operates is not well agreed upon. It has been supposed to lessen the actions by removing a stimulus. By taking away the stimulus of distention, when that exists, it may operate generally to lessen action. But when the vessels do not suffer greater distention, than they bear with ease, taking away blood from them has been supposed to increase their action. The explanation which has been given of this effect will be stated.

THE blood vessels always contract to their contents, so that they are always precisely full. Their elasticity constantly tends to make them enlarge their capacity,* and their contraction is produced by their muscular power. When blood is drawn from the vessels; this power is exercised at the expense of the rest of the system. The effects vary somewhat according to the mode of drawing blood. If it be drawn from a large vessel, in a full stream, the vessels are obliged to act suddenly; whereas if the blood flow from a small vessel, and slowly, the contraction of the vessels is more gradual, and an effect more lasting, but less powerful and immediate, is produced. The consequence of this exertion of the blood vessels is to diminish the strength of the system, and lessen the force of action in other parts of the

* Perhaps this is not true as to particular vessels when very extraordinarily distended; but it is true as to the blood vessels generally in any state in which they can all be at the same time; for they cannot all at one time be so extraordinarily distended; there is never sufficient blood in the body for this purpose. See Fordyce's practice of physic, part I. article *blood vessels*, for the doctrines here stated.

body ; more especially in any portion of the sanguiferous system, which is undergoing inordinate action. Hence the effects of bleeding, when phlegmonous inflammation exists in any important part of the system.

WHEN the vessels act feebly, when the pulse is small and frequent, blood-letting in general is not admissible upon the principles, which have been laid down. There is however at least one exception to this rule. If under these circumstances, as regards the action of the vessels generally, there exist a local plethora, or what has been called congestion in any part, letting blood from the vessels so affected may become necessary. This sometimes occurs in the vessels of the tunica conjunctiva, and by dividing them that part is relieved. When so small a quantity of blood is effused, as is necessary in this case, the system does not suffer from the loss, and is relieved by the removal of the local disease. But when it is a larger part and when larger vessels are affected in this way, the loss of the blood, which is drawn to relieve them, may produce too much weakness in the system. In this case the danger from the local affection, and from the loss of blood to the system must be carefully weighed ; and it is only, when the former danger is great and imminent, that the evacuation can be authorized.

THE committee beg indulgence while they consider more minutely the effects of congestion in the brain. It sometimes happens that a determination of blood takes place to the head from causes, which

the committee presume not to ascertain. The arteries going to the brain throw the blood upon that part faster, than it can be carried off by the veins ; or the veins cease to carry off the blood as fast as usual, although the quantity which is brought be not unduly increased. In whichever way it happens, the vessels become so full, that they cannot contract with sufficient force to relieve themselves from the mass of blood which they contain. In consequence the brain suffers from pressure ; its functions are more or less interrupted ; the muscles of respiration, which are known by experiment to be influenced by the cerebral system, are partially paralyzed ; the mechanical office, which belongs to them, is not performed ; the lungs do not receive their usual supply of fresh air ; the blood does not undergo its usual changes in the lungs from the action of the air ; the left ventricle of the heart and the whole body is supplied with blood more or less nearly resembling that, which is ordinarily found only in the veins of the body and in the pulmonary arteries ; every part of the body is in consequence weakened ; and if relief be not shortly obtained, death ensues.* In proportion to the power of the cause these effects take place in a greater or less degree.

IN circumstances such as have been described the patient lies comatose or convulsed ; the respiration is distressed, stertorous as in apoplexy, or anxious, feeble and convulsive like that of an animal in

* See Bichat on life and death.

an exhausted receiver, the circulation is very imperfectly performed, the whole body is cold, more especially the extremities, the skin becomes grim, and livid, particularly in the face; or when the pressure is most sudden and violent the face swells and becomes almost black, and the respiration and whole appearance is like that of a person who is strangulated. (See case VIII.)

UNDER these circumstances, in proportion to the violence of the case, different remedies are applicable, for here "difference in degree constitutes difference in kind." When the pressure is great, if a blood vessel be opened, and evacuation do not relieve the pressure, it sinks the patient. The vessels, in the trunk and extremities, must contract to their contents, and by this exertion the little remaining strength of the system is exhausted. But if the pressure on the brain is relieved, the respiration becomes free, and the whole machine begins to perform its customary motions. The immediate danger is averted, the sensibility and irritability, which were almost lost, are now recovered, the circulations become more regular, and remedies can be applied to complete the cure. Whatever may be the strength of the system, it can better bear the removal of the superfluous blood in the head, than it can bear the interruption of its functions, arising from the pressure of that blood. The object is to take off that blood, which is superfluous in the head, without producing a sudden prostration in the system, before it has time to be benefited by the removal of the pres-

sure. Here the head and the other parts of the body are to be considered as in some measure disjointed. If a vein be opened in the arm, it will not relieve the head, except through the medium of the general circulation; and the heart and vessels will suffer in a large proportion to the benefit received, and for a few moments before any benefit is received. The effects during those moments may be fatal. If the quantity taken be not enough to give any relief, or if it be more than is necessary for relief, the injury to the system may be such as to produce death. But if a vein be opened, which immediately communicates with the cerebral vessels, such as the external jugular vein, the pressure is immediately removed from the head, and the general relief is such as to counteract all the evils of loss of blood to the system.

FROM the foregoing considerations, which have been stated as briefly as the nature and importance of the subject will admit, it appears that there may be two, and those very different states of the system in this disease, in which it may be proper to let blood. The first is when there is phlegmonous inflammation, or such as approaches nearly to that character, affecting the brain and its membranes. Here if the symptoms be not violent, other remedies may suffice; but if they are, if the pain in the head be severe, if the functions of the whole animal system be very much interrupted, and at the same time the skin be hot and the pulse hard, the case is dangerous; we have then to apprehend that such effects

will be produced within the cranium as will destroy life, before we can arrest the disease by other remedies. In this case, the violence of the inflammation must be reduced by bleeding. It is not comparatively very important from what part the blood is taken for this purpose. It would however be best to take it from the jugular vein, because that communicates immediately with the vessels of the part affected; and probably a given quantity of blood, drawn from that vein, would afford more relief than if drawn from the arm. When from any cause that vein cannot be opened, the operation may be performed on the temporal artery. From whatever vessel the blood is taken a large orifice should be made, that the effect may be as sudden as possible, so that a smaller quantity may suffice. Probably from ten to twenty ounces would be sufficient in most cases.

THE second case, in which blood should be evacuated, is that which has already been described, in which the brain is suffering pressure from the fullness of its vessels. Here it is very important that the blood be drawn from the external jugular in preference to a vein in the arm, for reasons which have also been suggested. The orifice in this case also should be large, that the relief may be as immediate as possible. At the same time it is important to avoid producing faintness, that the general system may not suffer too much, before it has derived the benefits of the operation. Several attentions may prevent this effect. Cold applications should be made constantly to the head and face during the bleeding to excite contraction of the vessels in that

part, and thus supply blood to the rest of the system ; those cordials, whose action is sudden and transient, should be administered at the same time if any faintness be perceived ; and in this case the flow of blood should be stopped until the faintness has subsided ; then if relief is not obtained, the evacuation should be continued.* With these precautions the blood should be allowed to flow until it is obvious that some relief is obtained. To maintain the advantage which has been thus procured, other remedies should be immediately employed, such as will shortly be noticed.

To adduce authorities in favour of blood-letting in this disease would be useless ; for authorities may be quoted on both sides. Sydenham lamented the use of the word malignant, as descriptive of any species of fever, and said that it had occasioned more deaths than the sword. He believed that this slaughter was occasioned by the use of alexipharmics, which had been considered appropriate to malignant diseases, while evacuations were too much neglected. On the other hand, Huxham and many others thought that Sydenham was influenced by prejudice in transferring his practice in inflammatory diseases to those, which were malignant, and in which the strength of the system was prostrated by a secret-cause. Perhaps their differences of opinion may be explained if that adopted by the committee be correct.

* It has not been very common here to open the external jugular vein, but the operation is very simple. The pressure is made by the thumb of the operator placed on the vein where it passes near the mastoid muscle just above the clavicle.

WHEN the visceral inflammation is phlegmonous or nearly so, it is well agreed that bleeding may be very advantageously instituted. When it is purely erysipelatous, and in addition to the weakness produced by the fever, there occurs the peculiar prostration, which accompanies inflammation of this character, it may sometimes be necessary even to exhibit powerful cordials for a season, lest death should be produced by sudden faintness. But if this prostration be caused by great pressure on the brain, death must shortly ensue. Here it is not "a pack on the back" which must be removed; it is a pack on the head, which is not only too heavy to be borne, but whose pressure destroys in great measure those properties in the living system on which we operate to excite more vigorous action. In such a case it is not inconsistent to open the jugular vein, while we exhibit even the most powerful cordials.

IN cases where it is not necessary or might be injurious to let blood from a large vein, the head may derive some relief from cupping or leeches. The former is the most expeditious mode of local bleeding, and is therefore preferable.

EMETICS.

EMETICS are administered in the commencement of fever for two purposes. The one to produce an evacuation of any offensive substances in the stomach. The other to produce a strong impression on that organ, and in consequence of the sympathy between that and all other parts of the

system to effect a change in all the organic actions.* By this change the motions of the disease are interrupted. With both intentions they are often very advantageously employed. For the first purpose they should be employed in this disease, whenever the symptoms of offensive substances in the stomach are perceived. For the second they are too often inadequate, and the use of them for that purpose should be avoided, because they occupy important time which cannot be redeemed. It is however in proportion to the violence of the cerebral affection that emetics are contra-indicated. When this affection is slight, they may be useful for the second purpose mentioned, and they should be more readily exhibited, if they are at the same time in any degree indicated on account of the first. Such are the suggestions which the committee venture to offer on this head; but their opinions are not absolutely fixed, and they wish that they may be tested by clinical observations.

CATHARTICS.

CATHARTICS are either such as produce copious fluid discharges from the bowels; or such as occasion only a discharge of the fæces with comparatively very little fluid. In the first case the fluid is furnished from the liver and pancreas and from the intestinal mucus membrane. In this case a determi-

* For organic actions, or actions of the organic system see the divisions of Bichat before referred to. Generally the organic system comprehends all parts of the body except the brain and parts dependant on it as to functions.

nation of blood takes place to the abdominal vessels, or, those vessels in consequence of increased action receive more blood. In the second case perhaps the same effect takes place, but to an extent very much less. Those cathartics, which produce the effects first mentioned are called drastic, and purgative; those, which produce the second, are called laxatives and eccoprotics. Certain drastic cathartics, as particularly those which are resinous, increase the action of the abdominal vessels generally more than others, and also increase the action of the vessels over the whole body.

IN most cases of this disease drastic cathartics cannot be employed with advantage. The general system is weakened by their operation much more than the head is relieved. An exception should be made however of those cases, in which the inflammation approaches the phlegmonous character, and in which the sanguiferous system is not yet overpowered in consequence of pressure on the head. In these cases drastic cathartics, combined with submuriate of quicksilver, may be exhibited; for here their effects are salutary in consequence both of their weakening the system generally, and thereby diminishing the violence of action, and of the determination of blood to the abdomen, by which it is diminished in the head. It is proposed to combine the submuriate with the drastic cathartics, on account of the good effects it may have on the whole system, at the same time that it assists in producing an effect on the bowels. It is also useful because it acts on

the whole canal from the stomach downwards, which effect is not so perfectly produced by most other cathartics. It does also assist in producing a determination of blood to the abdomen, and does not at the same time produce a sudden increase in the general actions of the sanguiferous system, as the resinous cathartics often do.

LAXATIVES may be more generally employed in this disease, for at all times the system is disturbed if fæces are allowed to continue in the intestines for any very unusual length of time; and the disease may invade the system at a moment, when it is already suffering under an incumbrance of this sort. If the bowels are costive, an enema should be administered on the first, or at farthest on the second day of the disease, and this more particularly, if the bowels make unavailing efforts to relieve themselves. When they are at the invasion as free as usual, medicines may be given, which will gradually promote their action; for they are very much disposed to be slow in their operations in this disease. For this purpose it is best to employ submuriate of quicksilver in small doses, frequently repeated, because that medicine will at the same time be producing other good effects on the whole system, as will be hereafter mentioned. Where bleeding is to be employed, both emetics and cathartics should be omitted until after that operation.

HEAT AND COLD.

THE committee will not engage in the contested questions respecting the effects of hot and cold applications to the body ; they do not hazard contradiction in asserting that great benefit may result from such applications. In this opinion they are supported by abundant experience ; for they feel assured that in cases, which have terminated successfully, and in which none of these evacuations just now discussed, have been made, relief has been most commonly derived from such applications. Under this description of cold and hot applications the committee mean to include those remedies, which reduce the temperature although not cold themselves, such as *ether*, when allowed to evaporate from the surface ; and those, which produce or retain heat, although not hot themselves, such as friction, and woollen coverings.

WHEN the head is hot, and even whenever it is not cold on the surface, cold water, ice, and ether may be applied to it with great benefit. Whatever be the mode of operation, it is certain that such applications occasion a contraction of the blood vessels in the part, to which they are made ; and in this case they cause the head to be freed from pressure, and the rest of the system to receive the blood, which it oftentimes wants. So far as such remedies produce an effect, they are far preferable to bleeding ; as it is better to heal a diseased limb than to amputate it. When they are not competent to entire relief, they will very much assist both during and after blood-letting.

IN a large proportion of the cases of this disease the temperature of the surface of the body, and particularly on the limbs, is reduced. In such cases, and even when the temperature of the body is natural, great advantage is derived from warm and moist applications to the surface. Such applications increase the fulness of the vessels of the skin ; and as the extent is great, they operate powerfully in relieving the pressure of blood in the head. They also produce diaphoresis ; and perhaps some benefit is obtained from this evacuation ; but this effect, as it appears to the committee, is much less important than that above mentioned. The mode of making such applications has been described in stating the method of treatment which has very generally been adopted in the county of Worcester. One caution is however necessary ; viz. that the surface be not so much heated, as to increase to undue violence the general actions of the sanguiferous system.— A pleasant warmth and a gentle moisture of the skin are sufficient. There is not any part of the treatment of ataxic or malignant fever, in which practitioners are so universally agreed, as in this of promoting diaphoresis. It is also agreed that the sweating should be continued for a considerable length of time, to obtain from it all the benefit it can afford. On this point there has perhaps been an extravagance in the opinions entertained. But no doubt gentle diaphoresis may be continued for twenty-four or even

for forty hours with advantage. It is necessary during this time, to watch the patient that he may not become too warm, and that he may not be too much exhausted. Profuse sweating is to be most carefully avoided.

VESICATION.

THE utility of vesicating the head, or the parts near it, is very highly estimated by all, who have adopted this practice. To derive from it all the advantages it can afford, this practice should be instituted in the very earliest stage of the disease. In every case, where the symptoms of affection of the brain are of considerable violence, the head should be immediately shaved. This renders it more easy to abstract heat from the head, where that is necessary. When it is not, or when it has already been done, a larger or smaller portion of the head should be immediately vesicated. While cold applications are made to the head, the back of the neck, the forehead and temples may be vesicated. It is important to produce the vesication as speedily as possible ; for this purpose the strong tincture of cantharides should be well rubbed upon the parts to be blistered until a very considerable redness is produced ; the plaster of cantharides should then be applied, and the part should frequently be examined, lest in the tossing about of the patient the plaster be removed.

ADVANTAGE may be derived from blistering the extremities also, when the vascular action is feeble, and the skin cold.

UNDER this head may also be recommended *sinapisms* and *rubefacients* to the feet, and other parts of the extremities.

PREPARATIONS OF QUICKSILVER.

IN reporting the mode of treatment, which has been adopted by their correspondents, the committee mentioned the use, which has been made of the submuriate of quicksilver. In cases where life is immediately threatened, this remedy cannot be relied on to avert the danger. But in cases of less severity, or where the most urgent symptoms are removed by other remedies, this is of great value. It may be exhibited in doses of one to three grains, once in two to six hours, until it produces an effect on the bowels ; the doses may then be diminished, or exhibited less frequently, and it may be combined with small doses of ipecacuanha and opium. In this manner it may be continued, until an effect is produced on the mouth. This effect should not be allowed to increase to any violence, but should be maintained in a very low degree, until all symptoms of disease have subsided.

THE utility of this practice has been sufficiently tested by experiment. It is the same which is found useful in many other acute diseases. It need not be employed to the exclusion of any remedies, which

are immediate in their effects, and which the urgency of the case may require.

THE committee presume that they should not promote the use of this remedy by discussing the mode, in which it gives relief. They consider it, when affecting the system, as an alterative ; an alterative not of the fluids of the body, but of the actions of the minima vascula. It is therefore directed to fulfil the second and third indications.

WHEN the submuriate is not easily borne by the stomach, or when it is too slow in its effects, the ointment of quicksilver may be applied to the external surface of the body, and to the parts which have been vesicated. A drachm may be rubbed on the skin once in every three or four hours until sufficient effect is produced.

CORDIALS.

UNDER this name are comprehended those articles, of which the effects are immediate or nearly so, which produce warmth in the stomach and over the whole body, and which increase in force and frequency the actions of the heart and large vessels.

RESPECTING the utility of such articles in the disease under consideration there has been a division of opinion among practitioners of medicine. There is perhaps a popular bias in favour of their administration. Their effects are obvious, often comfortable for the moment, and, under certain circumstances, salutary. When liberally and indiscriminately administered in this disease, they are very injurious by

increasing the force with which the blood is thrown on the head, or other parts in which there exist either inflammation or congestion ; and they are injurious by suddenly increasing the heat and the vascular actions generally, and thus unnecessarily exhausting the energy of the system by imposing on it useless labour.

THE very liberal use of cordials has been very fully tried during the last three years in Connecticut, and also during the early part of the spring in the county of Worcester. The committee have reason to believe, that a considerable proportion of the most judicious practitioners in those places are now fully convinced, that this practice is highly injurious. This is the case with some, who had adopted and for a time continued it with the most sanguine expectations of benefit, and probably with some of those, on whose communications our former statement was founded.

THERE are however occasions, on which cordials may be administered in this disease with advantage. At the time when the actions of the system are almost arrested in consequence of pressure on the brain, cordials may be required to keep the heart in motion. The patient is ready to faint, and if the actions cease for a moment death may ensue. At such a time we must not hesitate to follow the dictates of nature, and excite increased action at any hazard, until we can gain time to adopt more effectual measures. It is possible even that by cordials administered under such circumstances we may excite

the cerebral vessels to stronger contractions and thus relieve the brain; but the chance is much greater, that by the liberal exhibition of such articles we shall increase the flow to the head, while by distention we lessen the power of the vessels there to contract. In this way either sudden death, or effusions and more distant, but scarcely less certain injury is produced.

THE careful exhibition of cordials may even be necessary at the very moment, while we are letting blood. However absurd this may appear to theorists, the practice is not inconsistent. An attempt has already been made to explain the necessity of it. In diseases much more slight we frequently apply heat to the feet, and abstract it from the head; a practice which except from habit would seem equally absurd.

IN the late stages of this disease, when evacuations can no longer be made with advantage and when the energy of the system is very much exhausted, cordials may be useful. Here it is true they must be used without regard to quantity, and be measured only by effects. Yet care should be taken that those effects be not great. Action must indeed be maintained at any expense, for without action life will soon cease; but it must be remembered that life may be maintained by very feeble action, and that we defeat our own object, when we increase the action beyond the power to support it.

IN all cases the mildest cordials competent should be employed. External applications, so far as they can be substituted for cordials, are always to be pre-

ferred. Tonics also are to be employed in preference, when it is not necessary to produce an immediate effect.

UNDER this head perhaps some remarks should be made on the use of opium. The committee will offer a few and those only which are practical. If the patient is cool, opium is useful in the early stage of the disease when attempting to produce diaphoresis ; its property of producing this effect is well known. It is also useful at that time, when there is great morbid irritability with tossing about, whereby the benefit of other diaphoretics is prevented. The doses required for these purposes may sometimes be large ; but in general they should be small and repeated until they produce the effects desired. The committee cannot restrain the apprehension that some of the evils attributed to this disease have been aggravated, if not sometimes produced, by the too liberal use of opium and ardent spirit. In cases of violent spasms, after blood-letting, large doses of opium are unequivocally necessary. (See case III.) Such cases are however rare.

TONICS.

THE bark of the *officinal cinchona* may be administered as soon, as the immediate danger from pressure on the brain is removed, and any considerable remission of fever takes place. On this point the committee have not been able to learn sufficiently the results of experience in the late epidemic. By some respectable physicians the *cinchona* has not

been thought useful. In similar diseases the practice recommended has been found very beneficial. One very respectable physician thought chalybeates particularly serviceable under the circumstances described. Another who has distinguished himself by his judicious treatment of this disease, states that the preparation, commonly called Fowler's solution of arsenic, has fulfilled very perfectly the indications under the same circumstances. We have recently received a confirmation of this opinion from another very respectable source. These observations cannot be stated as conclusive, but deserve attention.

ARSENIC was employed in the early stage of the disease at Medfield in 1806, with apparent benefit, and has been used in various instances since, as it is said, not without advantage. But the committee are not acquainted with so many and so accurate observations on this subject, as to enable them to form an opinion respecting it; nor are they satisfied, under what head it should be ranked, if its effects are salutary.

DIET.

THE general rule respecting diet in acute diseases applies to that under consideration. This rule is to supply the stomach with the most nutritious food it can digest without labour to itself or irritation to the rest of the system. It may indeed be necessary to make some exceptions to this rule in the first days of acute diseases, at a time when evacuations are usually made; but this exception it is not very impor-

tant to regard, as in severe diseases the stomach will not bear much food at that time, agreeably to the conditions stated above. In this disorder it is said, that the appetite and powers of digestion are often greater, than in most other acute diseases. On the appetite we cannot place full reliance in a disease, in which the sensibility is so variously and irregularly affected. But when the powers of digestion appear fully adequate to the purpose, not only the usual farinaceous nutriment, but even animal decoctions, broths and soups, may be given with advantage. It must not however be forgotten that the system can bear rather less nourishment, than the stomach would be capable of digesting, more easily, than it can bear the irritation and fatigue, produced by loading the stomach with a greater quantity of food, than it can easily convert into chyle.

IN suggesting their ideas respecting the mode of treatment the committee have sometimes gone into detail, and have sometimes given only very general opinions. The reasons for so doing will probably appear obvious to the counsellors. One of them was their desire to curtail as much as possible a report, which has extended to a greater length, than had originally been contemplated. The committee are fully sensible that much might now be added, and that much might be amended.

THOMAS WELSH,	}	Committee.
JAMES JACKSON,		
JOHN C. WARREN,		

Boston, June 20th, 1810.

CASES.

THE following cases are subjoined to the report by the committee. They are, with the exception of one or two, all which have been communicated to them ; and are valuable as illustrating the history of the disease, its varieties, its mode of treatment, and the morbid appearances ascertained by dissection.

CASE I.

BY DR. WILLIAM PAYNE,

OF a woman of middle age, robust health and good habits—commenced March 25.—Has had great dread of the epidemic.

1st. day. Great agitation, sighing, anxiety ; rigors frequent, but not severe ; on right cheek, and on the side and end of the nose some swelling and a few red pimples ; eyes without their natural lustre, and glassy ; skin dry ; pulses not accelerated, in left wrist extremely feeble, in right more full ; most excruciating pain in left ankle, knee, elbow and shoulder, with numbness and pricking sensation like that in a limb which has been asleep ; in the ends of the fingers diminished sensibility, so that the sensation is that of having been frost-bitten ; in the head no pain at first, but two hours after the attack it became violent ; sensation of fulness at stomach and eructation with temporary relief.

TREATMENT AND FURTHER COURSE. *Pediluvium*—embrocation of the parts affected with the following liniment.

R. Olei fixi Oleae Europææ,

Aquæ Ammonizæ,

Tincturæ Meloes Vesicatorii fortis p. æ.

PAINS and numbness partially relieved. Patient placed in warm bed, drinking frequently brandy and water, mint and pennyroyal tea, as warm as could be swallowed—felt better after such draughts.—Shortly a recurrence of pain and numbness. One teaspoon of *sulphuric ether* with two of *tincture of camphor* in hot water. To left foot a sinapism with common salt, the liniment above to parts in pain—to right foot jug of boiling hot water. Rigors continuing, a warming pan filled with hot coals was kept moving between the blankets. Warmth restored with relief, free perspiration.

AT 9 o'clock P. M.* increased pain in head; threatening delirium; pulled off her cap with violence, and called for tincture of camphor to bathe her head. Occasionally twenty or thirty drops of sulph. ether dropped on forehead—a grateful coolness followed, and generally remission of pain. Billets of wood heated in boiling water kept about her to maintain perspiration. Cordials as before mentioned were administered, whenever the pulses were found to sink. Tincture of opium prescribed,

* The hour when the disease commenced is not given us.

which the patient refused to take. In four hours the symptoms all mitigated ; perspiration maintained.

2d DAY, morning. Night without much distress—perspiration continued—pulses have varied ; have been very low, but easily excited by cordials ; pain now mitigated but not removed ; on the tongue a dry ridge in middle with moist edges. Continue in bed. A large vesicating plaster to neck. Cordials as they may be required, and external heat.

7 o'CLOCK P. M. Neck vesicated ; head relieved ; mind clear ; free perspiration.

WINE whey with lemon juice, which was very grateful.

3d DAY, morning.—Much relieved. Perspiration has been maintained without loss of strength. Thirst has been moderate—has taken tea and coffee.—Pain and tightness across forehead ; pulses good ; sense of fulness at stomach.

KEEP in bed—pursue the same course—take frequently some meat broth.

7 o'CLOCK, P. M. Doing well. Pulses in right hand natural, in left more full ; perspiration has been moderate through the day, and easily excited ; fulness at stomach was relieved by a draught of cider ; stricture continues over eyes ; itching over the whole body.

MILD laxative.

4th DAY—morning. Night good ; bowels opened ; pulses natural ; able to sit up most of the day ; the only complaints are weakness and want of sen-

sibility in the ends of the fingers. Decoction of Cascarilla and Virginian snake-root.

5TH DAY—Altogether convalescent—attendance discontinued.

THIS patient was nursing, and her milk did not leave her.

CASE II.

BY DR. OLIVER FISKE,

OF T. S. about thirty years of age ; of a sanguine temperament and lax fibre—has been subject to typhus almost yearly since he was fourteen years of age, when he had cynanche scarlatina very severely.

WHILE at work he was seized suddenly with pain in one finger, resembling the sting of a bee ; this pain darted with the rapidity of lightning from joint to joint, until it had passed over all his limbs ; it then gave him one general shock like electricity, which he had often experienced ; at which moment he was deprived of sight, and felt a sudden faintness and sickness at stomach, with indescribable distress. In this situation he was carried into the house. The pain soon became more confined to his head, occasionally visiting the breast, stomach and extremities, but was less pungent than at first. Pupils much dilated with a wild, penetrating stare ; pulse languid and irregular ; and great prostration of strength. Reaction was produced with great difficulty. Submuriate of quicksilver was administered, and the mouth was affected on the third day.

On the fourth he had an injection. On the fifth he was decidedly convalescent ; the vital functions however were restored by almost imperceptible degrees ; he could not be moved, except from one side of the bed to the other, until the ninth day.—After that time his recovery was more rapid. The convalescent state was attended by great watchfulness and irritability, for which opium was administered.

CASE III.

BY DR. T. BABBIT,

OF a man aged thirty years, of a healthy, hardy constitution.

APRIL 14. While at work about ten o'clock A. M. Mr. ——— felt suddenly a pain in the loins ; This pain increased rapidly, and he soon went home. Immediately after he entered the house his head was drawn back ; he put up his hands to assist in bringing it forward, but they also were affected with spasm, and he was unable to remove them. During two hours the spasms were so violent, the patient was thought to be dying, and once he was believed to be dead. Warm applications were made to the surface, as fast as possible ; blood was drawn from the arm, by which the spasms were in some measure relieved. In the course of twenty-four hours he took forty-two grains of crude opium, with ardent spirit. At seven o'clock P. M. of the first day he grew more easy, especially of the spasms ; his senses returned, of which he had been deprived, and he

complained much of his stomach. Plaster of cantharides over region of stomach.

APRIL 15. During night some rest. Today more calm ;—blister black and dry. Powder and compound tincture of cinchona, with twenty drops of tincture of opium, every hour. Two ounces of the powder were taken in a day. In the evening an amendment generally ;—blisters of better colour.

APRIL 19th. Has been mending to this time ; now decidedly convalescent.

CASE IV.

OF Mrs. F. aged about forty years—tall, and thin, sanguineo-bilious temperament, the mother of many children ;—has been nursing ten months, by which her strength is reduced.

On the 19th of May she worked very hard, and at night felt very tired ; tried to work at her needle, but was not able, she knew not why. About 10 of the clock P. M. she was seized with general agitation, and coldness ; went to bed, and these symptoms continued severely, accompanied by tremors, and extreme head-ache ; her flesh grew hot though she still complained of being cold. About 11 of the clock she vomited the food in her stomach.—Violent head ache, pain in limbs and heat continued through the night. In the morning she vomited some sage tea which she drank, but has not thrown off any bile.

MAY 20th, 8 of the clock, A. M. I found her in a deep sleep from which she was not easily roused.

On her face and neck there were some red spots, irregular and confused, with an indistinct miliary eruption ; at a distance she appeared to have the measles. Skin warmer than natural, a clammy sweat about her arms, respiration slow, full and laborious, pulse in wrist harder and fuller than natural, one hundred and six in a minute ; pulse in carotids full, strong and hard. When roused from her sleep she seemed in a maze, and stared round wildly ; pupils very much enlarged, tunica adnata not clear, countenance much altered, haggard, yet more red than natural ; noise disturbed her ; pulses rather more frequent and smaller after waking and rising up in bed ; sweat increased ; tongue white, thinly coated, more dry than natural. She said her head ached excessively, and that it seemed heavy, that her mind was confused, that she could not get distinct ideas, that she never was so sick before, that she felt frightened, and thought she could not live long ; yet she reproached her friends for calling the Doctor so soon.* Her strength was much diminished, but not extremely prostrated by the disease ; she moved without much difficulty, but could not hold her head up. A vein was opened in the arm, while the patient was assisted to sit up in bed ;—the blood was allowed to flow, until an effect was produced on the pulse ; the quantity was by measure thirteen ounces. After lying down she shew by her countenance and by fre-

* This case occurred in Boston where there were very few persons only sick with this disease, and the patient was not under any apprehensions concerning it.

quent gaping that she was near faintness. Her head grew somewhat easier, but remained equally confused. Sweat continued after bleeding.

PILLS containing submuriate of quicksilver and powder of ipecacuanha, of each one grain in every pill, were prepared for her. Of these she was directed to take one every hour and a half. She was also directed to keep the bed cloaths over her, not having a larger quantity of them than was comfortable; and to drink frequently of sage tea.

11 of the clock, A. M. Has taken two pills; heat has diminished, skin dry, but not husky; part of the time since last visit she has been sweating; is disposed very much to sleep; heat more than natural; nausea, thirst, countenance more natural, less red; the eruption on her face gone or nearly so; pain and confusion in head much less. She coughs and spits bloody mucus, this however she has done occasionally for ten days; is frequently seized with pain shooting down right side of her neck to sternum; P. 96. less hard and less full; tongue thinly covered, rather brownish white; pupils much less dilated. In every respect she seems more comfortable and more natural. The blood drawn has a buff and is strongly cupped, crassamentum small, serum deeply yellow.

Her cloaths having become uncomfortable, she was taken up during my visit, was shifted and had her bed made. She felt faint while up, and complained of nausea; after lying down she seemed rather refreshed; nausea increased and she threw

off some tea with loose, ragged flakes of dark mucus; this vomiting gave some relief.

Continue the pills, and warm sage tea. Apply large plaster of cantharides to neck, first rubbing with strong tincture of cantharides. Frequently drop sulphuric ether on her head, and apply a jug of hot water to her feet.

4 of the clock, P. M. Continues sleepy—skin warmer and higher coloured, particularly her face. P. 100—rather hard; but none of these symptoms so severe as in morning at 8 o'clock. Has vomited once more the same matters. When I waked her, she was composed; said the blister pained her very much, but that her head was much more clear. She had a severe pain in a small spot behind the vertex of the head; after dropping on some ether it shortly left her. Pain in neck and breast gone. Tongue brown, white edges, coat grows thicker. Raises herself in bed better than in morning; speaks more naturally; urine scanty and strangury.

TAKE the pills once in three hours. Mucilaginous drinks.

8 of the clock P. M. Symptoms not at all worse. Pills once in six hours.

MAY 21st. Symptoms have been abating; still drowsy; pains much less except in loins, where it is severe and where she is much subject to severe pain. Coughs and expectorates bloody mucus; but does not cough freely; is restrained by general soreness internally. P. 92 in morning, 100 in evening, not hard. Urine very scanty, not very high coloured,

has white cloud floating in it. T. more brown; nausea, and rarely vomiting continue; wants cyder, as she has from the beginning; being indulged the nausea was relieved. Two dejections today which gave relief. Mind more clear today, but she is still rather drowsy.

22d. Pulse 80. natural. Countenance, skin, whole appearance much more natural; feels decidedly better; expectoration more easy, and without fresh blood. Gums sore. Omit the pills.

EVENING. The whole day has been much better; bore getting up very well; more urine. P. 90 skin rather warmer. Take one pill to night. Take in morning sweet tincture of rhubarb with 15 grains of the powder.

23. A good night. In the evening was exposed to cool air from open window, while asleep—this occasioned a chilly turn, which did not last long. Today more warm and sleepy than yesterday; a little uneasiness in head, feet cold; P. 90; some appetite. The rhubarb has produced two dark bilious stools, with relief.

24. Was not so well yesterday afternoon; in night restless; head not painful, but feels tender and is much affected by the hammering of some carpenters in next house, which has not disturbed her before. P. 84—full; mouth quite sore; no appetite.

Take of decoction of officinal cinchona lb. I.
compound tincture of cinchona oz. IV.

Mix them together, and take one ounce every four hours.

EVENING. Symptoms better.

25. Complains chiefly of distressing faintness at stomach. At night she threw off some bile, which gave relief ; then followed diarrhæa, which continued severely three days, during which she was constantly gaining strength and appetite. At the end of that time health was entirely restored, so that professional attendance was no longer required.

CASE V.

OF Doctor Abraham Haskell, an eminent practitioner in the county of Worcester, and one who had had very extensive experience in this disease ; —of sanguine temperament, large and muscular ; —about sixty years of age. Taken from notes furnished by himself.

APRIL 28. Having the precursory symptoms, or strong marks of predisposition to the epidemic disease, he was called in the afternoon to visit Mrs. L. and tarried with her till her decease, which took place about 9 of the clock P. M. This patient was frequently throwing up very bad looking matter, which in a short time became very black. Her breath and the effluvia of her body were in the highest degree nauseous and offensive. Dr. Haskell's attentions to her subjected him to the necessity of inhaling a large proportion of the offensive effluvia ; and they produced in his lungs the sensations of heat and uneasiness, accompanied with those of faintness and debility.

HE was afterwards kept up by other patients till midnight, when he retired to rest and slept as quietly as usual until a little before day-light. At this time he was roused by pain and distress; his left hand and forearm were extremely numb, so that he could shut his fingers only partially; his feet, legs and knees were affected by the mixed sensations of coldness, pain and numbness; at the præcordia and lower part of the chest he felt great oppression with the sensation of heat, accompanied by faintness; he had headache and felt universal restlessness and distress.

A little after day-light he became more easy and fell asleep. Before sunrise he was called to visit another patient with a neighbouring physician. He rode to that gentleman's house, about a mile and a half, but found himself too sick to proceed, and stopped to become the subject of his own art.

HE had about twenty ounces of blood taken from his arm, which in some measure mitigated all his distressing symptoms, but chiefly the oppression at the præcordia and breast. An hour afterwards he took a pill which produced two operations up and two downwards. These evacuations gave further relief, so that in the afternoon he rode to his own house in an adjoining town, a distance of about eleven miles, and did not suffer from the exertion.

THE remainder of the disorder gradually wore off in two or three days without close confinement.

CASE VI.

OF Mrs. B——, aged sixty, of a robust habit.

MRS. B. was affected soon after rising in the morning with sickness at the stomach, and great pain in the head, and slight chills. The headache increased during the day, she gradually became comatose, to the great alarm of her friends, and in the evening was incapable of recognizing any of her family. The pulse at this time was about one hundred, and rather depressed. Skin inclining to be cold.

SHE had blood drawn to the amount of seventeen ounces, after which the pulse became more free, and she was more sensible, so as to put out her tongue, which she had not done before. Then she was directed to have an injection every hour till evacuations were produced, and a large blister applied to the back part of the neck. She had a restless night from the pain in the head. The injections operated very partially ; yet in the morning she knew her physician. A cathartic was now ordered, which operated well and relieved the pain in the head. After this she gradually convalesced, and got upon her feet in about a week from the attack.

CASE VII.

BY DR. O. FISKE,

OF a man aged twenty-five years, of an hypochondriac and gloomy disposition.

SEIZURE sudden and violent—the usual symptoms of the epidemic accompanied with severe hysteric symptoms, laughing, crying, and extreme restlessness. The patient could scarcely be kept in bed, and when reproved asked his friend how he would act, if he was crazy. Perspiration was produced, he became more calm, in about twelve hours the symptoms became more favourable, and continued so for twelve hours. His relations who attended him were of the same disposition with himself; upon the recurrence of some of his symptoms they were alarmed, and renewed the sweating process with great violence, and continued it many hours until a syncope was nearly produced. By prudent management he was restored and continued stationary until the third day. On the fifth nothing unfavourable was remarked in his case except great dejection of countenance and anxiety respecting his recovery. In the night Dr. F. was called to him, when he was wakeful with extreme solicitude; although sufficiently warm, and in a gentle perspiration, he had the sensation of being in a cold sweat. He was encouraged, rubbed with dry flannel, and got some panada with some tincture of opium in it—he then became more cheerful and his unpleasant sensations subsided.

IN the morning high delirium—soon after fury, so that physical restraint became necessary. He wished to escape from those about him, whom he thought enemies, and who he believed had a design to immerse him in boiling water. After thirty-six

hours the delirium gradually subsided, and nature seemed disposed to resume her wonted functions ; but the powers of life were too much exhausted, and death ensued on the next day, which was the eleventh from the attack.

CASE VIII.

BY DR. T. BABBIT,

OF a man who was taken sick on the first of April.

A MAN on the second day of the disease had violent spasms under the right arm and right side, with pain most agonizing ; face almost black, as if strangled ; blood frequently gushing out from his nose. Venesection gave immediate relief.

CASE IX.

BY DR. A. FLINT,

OF a labouring man, sixty-four years of age— with symptoms of pneumonic affection.

APRIL 6. This man was violently attacked with universal tremor, acute pain in the head, and undescrivable distress at the stomach ; the tongue was dry and soon became parched, with distressing peripneumonic symptoms. The disease progressed rapidly, on the sixth day he died. Very few spots were discovered. This case occurred at Leicester, during the prevalence of the epidemic there, and it was considered by Dr. F. as a case of the epidemic disease.

CASE X.

OF a child of Mr. Gleason, aged eighteen months.

THIS child from being perfectly well and playful, was suddenly attacked with shivering fits, became stupid, and gave symptoms of severe pain in the head and back. Its skin, when first noticed was livid and cold, but afterwards hotter than natural, though the heat did not continue long, and was succeeded by an unusual coldness. The tongue was coated with a light coloured mucus. The stomach was nauseated, and occasionally ejected such matters, as had been lately swallowed. At the end of about twenty-four hours, the child exhibited some favourable symptoms. The pulse, which was before very much depressed and very irregular, became distinct and less variable; the countenance was reanimated; the coma was succeeded by a return of sensibility, sufficient to enable the child to recollect those around it. These flattering appearances lasted but a short time; the coldness and insensibility returned, the pulse became imperceptible, and the patient sunk in about thirty hours from the attack. In a few days afterwards, the remaining child of the same family fell a victim to the disease.

DISSECTION, NINETEEN HOURS AFTER DEATH.

EXTERNAL APPEARANCE.

THE body exhibited on its anterior parts a considerable number of irregular purple spots and a few

regular ones. The back part of the trunk was of a very deep and uniform purple colour.

HEAD.

THE superior longitudinal sinus was full of dark coloured blood, which had partly coagulated. The external surface of the dura mater had nothing remarkable. When this membrane was divided, a quantity of serum was discharged, which was transparent on the left side, and bloody on the right. The child had lain on the latter side from the moment of attack. The blood vessels were not very full of blood; for a large quantity had been discharged from the longitudinal sinus. These vessels were generally covered by a substance, which accompanied them in the greater part of their course, bearing a resemblance to coagulated lymph in consistence, but approaching pus in colour. Besides these portions, there were many small masses situated in various places between the pia mater and tunica arachnoides, especially near the vertex and between the hemispheres of the brain. The thin coats were glued to the dura mater at the upper edge of the hemispheres, and the hemispheres were so strongly connected by these coats under the falx, as to require the aid of a knife for their division. The superior parts of the cerebrum being removed, so as to expose the medullary substance, this was seen full of small red points, placed in clusters, which increased in size after a few minutes. The lateral ventricles were quite full, but not over distended with serous

fluid. The plexus choroides was swelled, but of a pale colour, and its velum interpositum thickened by the same kind of lymphatic substance, which has been already described. The third and fourth ventricles exhibited no peculiar appearance, except the water, which they necessarily contained. The superior part of the cerebellum and the inferior part of the cerebrum and cerebellum had a large quantity of the yellow-coloured lymph. The base of the cranium contained serous fluid. The consistence of this brain was healthy.

THORAX.

THE lungs were of a light colour on the fore part, and dark behind, as is usual in healthy lungs after death. Their consistence was natural. Their contents were a proper quantity of frothy mucus. The heart was very firmly contracted. The right cavities were full of black blood, and the left empty. The vessels, on the surface of the organ, were minutely injected with blood.

ABDOMEN.

THE liver was large and turgid, and of a very livid colour. On dividing it, great quantities of black blood were poured out. The gall bladder was moderately full of yellowish bile. The external and internal coats of the stomach had a perfectly healthy appearance. Its contents were a dark coloured fluid of vinous smell, similar to that of the substances which had been taken before death. The coats of

the small intestines were healthy. Their contents were yellowish in the first portion, and green near the cæcum. In the latter was a large, dead lumbricus. The large intestines contained flatus without any offensive smell, and a considerable quantity of well digested feces. The spleen and pancreas had nothing remarkable. The kidneys were quite turgid and discharged urine, on being pressed. The bladder was full of urine.

THE muscular fibres were livid; and of a natural strength. The blood was very dark coloured, and coagulated after being discharged from the vessels.

CASE XI.

OF ———, thirty-nine years of age and of robust habit.

THIS man was exposed to a shower of rain, while much heated by working, and thus got a severe chill. The three days following he continued to pursue his work, and on the fourth sat a long time, in an open boat under a hot sun. On the evening of this day he was attacked with a chill, which lasted for a considerable time and was followed by great heat, a violent pain in the right side of the nose, and a pain in the head and back. Then his right eyelid began to swell, and afterwards the left and the cheeks below. The next morning he rose, and when his attendants had quitted him for a short time, attempted to go out of the room, but was seized with a convulsion

and fell to the floor. After this he seemed inclined to be comatose, yet answered questions proposed to him, but in an irregular manner and with evident signs of derangement of mind. His pulse at one P. M. was 120 and somewhat depressed. The tongue moist and clean. The skin dry and hot; but became quite moist after a small dose of wine of antimony and spirit of nitrous ether. The bowels were regular and urine natural. At this time the eyelids were completely closed by a very hard swelling of a livid colour, which extended to the forehead and cheeks. The respiration was laborious. There was a slight cough.

THE second night was a very restless one. His cough increased rapidly, and was attended with a copious expectoration of mucus of a common appearance. Five or six discharges were made from the bowels; which were checked by moderate doses of tinctures of opium and cinnamon. He made great complaint of uneasiness about the breast, and breathed with more difficulty. The delirium increased to fury. On the next morning, the swelling of the eyelids was diminished and had a pale, livid, gangrenous aspect. The swelling extended over the scalp. The pulse was 110, and more depressed. The skin moist. The tongue was covered with a slight mucus of a light colour. The urine was turbid.

The third night was like the last, as to the agitation and extreme distress. The swelling lessened so much that the eyes were opened on the following

morning and exhibited the tunica conjunctiva of a dark red colour. The cough and expectoration became less frequent, and the pain of the breast was no longer complained of; but respiration was not more easy. The skin was cold and moist; the pulse about 90 and very weak; the tongue again clean and moist. Toward morning he began to pick the bed clothes. As the day advanced the difficulty of breathing and coldness of the skin increased, and at 9 A. M. he expired.

THIS patient was treated, during the existence of the febrile heat, with diaphoretics and a cooling regimen, and blisters on the back. Afterwards with the most powerful stimulants, agreeably to the plan then supposed to be generally successful; and with blisters on the breast, and head.

DISSECTION,

FOURTEEN HOURS AFTER DEATH.

THE body became covered with irregular purple marks of various size, about half an hour after death. The face was turgid, and this part, and the neck and shoulders were very livid. The blistered parts were quite dark coloured and bloody.

HEAD.

THE hemispheres of the brain adhered by their thin coats to the dura mater and to each other. Between each of the meninges was some serous fluid; and an effusion of coagulated lymph. The last was most conspicuous over the blood vessels, which

were full of dark blood. The cortical substance was pale. The lateral ventricles were much larger than natural, from being distended by a transparent serum. The meninges at the basis contained coagulated lymph, and under them was a quantity of serum.

THORAX.

THE fore part of the lungs was covered with a very thick layer of yellow coagulated lymph, which extended from the pleura of the lungs to the pleura of the ribs, fixed these two parts together, and then passed along the side of the cavity toward the spine. The right cavity contained a quantity of pus, which was judged to amount to thirty-two ounces. The substance of the lungs was rather firm; yet they had not that kind of hardness, which is produced by common inflammations of the lungs. The surface of these organs was shrivelled. Their colour was peculiarly livid and unhealthy. The degree of firmness they possessed may be attributed to their containing more blood, than is usually collected in those parts after death. The pericardium had a very little water. The heart was inflamed on the anterior face, and had a thick flake of coagulated lymph near the apex, and another on the origin of the aorta. The cavities were equally filled with coagulated blood.

ABDOMEN.

WHEN this cavity was opened, there was not any very offensive odour emitted. The stomach was perfectly healthy in every respect; and did

not contain any fluid. The intestines were in a healthy state. The liver was shrunk, and that part of its coat, next the diaphragm bore marks of slight inflammation. The gall bladder was quite distended with dark tenacious bile. The rest of the abdominal viscera exhibited no remarkable appearance, except the urinary bladder, which was distended with urine.

THE blood and the muscles were of an exceedingly dark colour.

CASE XII.

OF Daniel Penniman, forty years of age ;—of good constitution.

MR. Penniman was exposed on the 25th of April to the effluvia of very putrid and offensive matters, which he was compelled to remove. On the 26th he laboured much, and while overheated descended to a cold cellar, in which he remained a considerable time. At one, on the following morning, he was awakened by a severe chill, which continued with very slight remissions for three or four hours. This was succeeded by great heat of the skin, pain in the head and back, and at six o'clock vomiting, first of indigested food, afterwards of greenish mucus. Then the eyes became red. The respiration was quick, but not embarrassed. The tongue was slightly coated with a yellowish mucus. The pulse about 120, rather depressed. As the vomiting continued,

he was directed to take an emetic, which operated twice, relieved the vomiting and left him somewhat easier. After this a large blister was applied to the back of the neck.

THUS far there was nothing very alarming in the symptoms ; but in the evening the heat subsided. The skin became cold and was at the same time moist. He was comatose, excessively restless and averse to taking any thing. The pulse varied between 100 and 109 and was depressed. The body emitted an offensive smell. He was immediately directed to have an ample blister on the head ; and to have the application of external warmth by hot cloths, vessels of warm water, and such other modes, as his extreme restlessness admitted. He was to take a solution of camphor and opium and ammoniated alkohol in as large doses, as could be borne ; and to drink freely of wine and diluted alkohol.

ON the 28th the coma had increased, without any diminution of restlessness. The redness of the conjunctiva was lessened, and the pupil slightly contracted. The countenance haggard. Pulse small, quick, irregular and indistinct. A few small, irregular, purple spots appeared in various parts of the body ; one of them, on the joint of a finger, exhibited the appearance of incipient mortification. There were also two vesicles on the knee and another on the thigh. Soon after these, a partial efflorescence was discovered on the arm. The blister on the back had done well, but that on the head was displaced

by the incessant motions of the patient. The head was therefore ordered to be rubbed with the strongest vesicating tincture ; the same substance, with oil of turpentine to be employed in frictions on the extremities ; injections of alkohol to be given ; and the tincture of cantharides to be taken internally in such doses, as the patient should be able to bear.

AFTER this period the symptoms did not vary materially, except in degree : and the patient expired at two o'clock.

DISSECTION,

TWO HOURS AFTER DEATH.

THE petechiae were less distinct than before death ; the vesicles and efflorescence disappeared. The countenance and eyes had not much altered.

HEAD.

THE meninges of the brain contained a small quantity of serous fluid, and also a very considerable and uniform effusion of coagulated lymph. The hemispheres adhered to each other. The ventricles were full, but not over-distended with water. In the basis of the cranium was a considerable quantity of yellowish fluid. Under the cerebellum and the tuber annulare lay two large masses of lymph which compressed those parts and indented themselves in their substance, especially flattening the last named part.

THORAX.

THE lungs had a healthy aspect. They were anteriorly light and posteriorly dark coloured. The heart was inflamed. The minute branches of the coronary arteries were rendered distinct by blood thrown into them. Near the apex, and on the origin of the aorta were exudations of lymph. The valves of the organ were opaque. The cavities empty ; but the aorta was full of black blood.

ABDOMEN.

THE liver was of a good colour, and moderately distended with blood. The gall-bladder was full of dark, tenacious bile. The stomach had two or three small spots of inflammation in the mucous coat : it contained some dark coloured fluid, and a little greenish mucus. The small intestines were in a healthy state, except a part, which was rather more red than the rest. The large intestines were contracted to a rope, except the rectum and part of the colon, which contained the alcoholic injection. The pancreas, spleen and kidneys had not any thing worthy of note. The bladder was filled with urine.

THE muscles had a livid colour : so had the blood. This fluid coagulated after escaping from the vessels.

CASE XIII.

OF G. B. thirty-five years of age.

THIS man, residing in a place, where the epidemic prevailed, was advised to drink freely of ardent spirits, in order to repel the disease. This recommendation was so far agreeable to him, that he propagated the doctrine among his friends, and prevailed on two of them to accompany him in keeping continually muddled. His two friends soon found themselves becoming unwell by loss of appetite, and frequent and increasing attacks of head ache. They resolved to lay aside the antidote, and die, if it was necessary to die, soberly. These two gradually recovered. B. was not so easily discouraged. He persevered in his plan of prevention. At last he was affected with a violent inflammation of one eye, to which, however, his specific prevented him from attending. Afterwards he complained of head ache and seemed to be slightly delirious, while attending to his affairs ; but his family had been so accustomed to see him in a certain state, that they supposed he had taken rather more than usual of his pleasing preventive. Suddenly he became quite furious and unmanageable. A practitioner of medicine was called for, who gave him the compound powder of ipecacuanha and blistered him. His pulse was then one hundred and twenty, but varying exceedingly ; for when he slept or dosed, it was about one hundred and irregular ; when he

awakened, it immediately became quicker and more regular. His skin was warm and moist. Tongue coated with a slight brownish fur. Respiration easy. Urine high coloured. The eye affected was highly inflamed. The pupils were contracted. After this his head ache increased, he was excessively restless and constantly delirious ; but his delirium was of a gay kind, and he rarely complained of pain, except when questioned. He had the head blistered, which very sensibly relieved that part. His pulse however gradually sunk, his skin became cold, his coma increased, and notwithstanding he was spurred with camphor, opium, and brandy, he expired in three days from the invasion of the violent delirium, and a week after the attack of inflammation in the eye.

DISSECTION,

FOUR HOURS AFTER DEATH.

THE body was livid about the neck and back part of the trunk. The inflamed conjunctiva had entirely lost its redness.

ON opening the longitudinal sinus a most copious discharge of blood took place, which continued till the brain had been dissected. Between the pia mater and arachnoides there was serum and some coagulated lymph. The ventricles were more than half full of water ; and a considerable quantity was found in the basis of the cranium.

THE lungs were full of liquid blood ; but had a healthy texture. The heart was not disordered ;

the auricles contained about an equal quantity of dark coloured blood.

THE liver was pale, flaccid, and free of blood. The gall bladder adhered to the colon, and was full of thick green bile. The stomach contained a quantity of greenish fluid. Its mucus coat was highly inflamed. The intestines exhibited nothing remarkable. The kidneys were turgid and pale. The urinary bladder empty.

THE dissections in the four cases X—XIII. were performed by JOHN C. WARREN, M. D. adjunct professor of anatomy in Harvard College.

CASE XIV.

BY DR. JOSIAH BARTLETT,

OF A. C. a child.

APRIL 9, 1810. The child awoke about seven o'clock A. M. with unusual hunger; on rising was remarkably debilitated, and unable to stand. At eight o'clock in a profound coma, resembling the advanced stages of typhus gravior; pulse at the wrist small, slow and irregular, but a very active and rapid motion of the carotid arteries; pupils much dilated, extremities cool, the masseter muscles rigid and the countenance distorted. The stomach had discharged the aliment taken, without any morbid appearances, and she had had a natural discharge from the bowels.

THE most active stimulant, cordial plan was commenced. Opium, wine and brandy were admi-

nistered freely ; the head, neck and breast were extensively blistered, the limbs embrocated with ardent spirit, which, moderately diluted, was also injected by the rectum. No apparent effect was produced by this treatment ; and without any other change, than a rapid suspension of the vital functions, she died in nine hours from the attack.

THE body was examined very shortly after death. The skin was slightly discoloured with petechial appearances, where it had been broken, and there was a dark coloured spot on the nates. The vessels on the surface of the brain were astonishingly crowded and distended, the sinuses filled with blood, but no other unnatural appearances. The gall bladder was full of bile, which by moderate pressure was emptied into the duct. The viscera of the thorax and abdomen were perfectly sound ; except that the inner coat of the stomach appeared to be very slightly inflamed, probably from the use of ardent spirit, &c. The mesenteric glands were enlarged and indurated, but this change probably was not recent.

CASE XV.

BY DR. T. BABBIT,

OF a lad about sixteen years of age—very healthy and vigorous.

APRIL 17. He eat breakfast as well as usual, and went to work. About ten o'clock A. M. returned home with head ache, which had seized him suddenly. To this complaint he was subject, and

therefore it did not occasion alarm. He soon felt pain in his limbs with extreme soreness, and prickling of his feet. The pain both in head and limbs increased very rapidly, and at three o'clock P. M. he became comatose ; at eight o'clock he became very much distressed, and after that time did not speak. The following symptoms also occurred ; violent spasms in neck and left arm, head drawn back, neck swollen, violent pulsation in the carotid arteries, eyes red and glassy, respiration laborious. About ten o'clock on the 18th he died, after about twenty-four hours' sickness.

AFTER a few hours the body was examined.

IN the head—dura mater extremely tense—this was opened with great caution, that no blood vessels should be wounded ;—just under the vertex was found a gill of extravasated blood as black as ink ; the left lobe very much inflamed, the right perfectly natural.

IN the thorax—the left lobe of the lungs covered with livid spots, some the size of the thumb-nail ; the right lobe natural.

IN the abdomen—the viscera natural except the spleen—that was greatly enlarged, in shape resembling one of the kidneys, the colour very much darker than usual, and in its bed the blood was settled, so as to give an appearance like a bruise.

THE stomach contained about half a pint of black coloured fluid.

CASE XVI.

BY DR. J. P. CHAPLIN,

OF Susan, daughter of John Hayden, of Cambridge-port, about three years of age.

THIS child was remarkably healthy until four o'clock Saturday afternoon, March 24th, when she complained of head ache and fatigue, having the cheeks much flushed, skin hot and dry, respiration quick, slight delirium, and pulse quick and hard. After sleeping a short time, the symptoms became more moderate and she again appeared playful. From seven till one o'clock she appeared restless, frequently groaning and talking incoherently. At this time she appeared nauseated and soon vomited the food eaten at dinner the preceding day. An ineffectual retching continued, which induced the exhibition of an emetic portion of ipecacuanha. This produced two or three ejections of mucus, considerably yellow, apparently with bile. The symptoms above described now increased considerably until five o'clock A. M. when she again slept. At seven the countenance became suddenly pale, and pulse feeble and fluttering. In half an hour, pulse at the wrist ceased, the countenance appeared more full and rather discoloured, as with slowly circulating blood; breathing very difficult, and occasionally slight convulsions; the pupil of the eye alternately contracted and dilated. An emetic of tartrate of antimony and ipecacuanha were given, and

soon followed by a solution of sulphate of zinc. This immediately procured several copious vomitings of a substance, resembling that described above. At eight o'clock A. M. deglutition became exceedingly difficult, when attempts to convey medicine to the stomach were suspended, and she was immersed in the tepid bath twelve minutes, without any apparent effects. At nine o'clock she expired.

APPEARANCES ON DISSECTION.

THE blood vessels of the brain were remarkably turgid with blood. Between the dura mater and tunica arachnoides was a quantity of serous fluid ; and between the latter membrane and the pia mater, an effusion of yellowish coagulated lymph.

THE pericardium contained a little water. The lungs were full of blood. The liver was flaccid and empty. The gall bladder held a considerable quantity of bile. The stomach and intestines had nothing remarkable, except some intus-susceptions, and a round worm, contained in the latter.

CASE XVII.

ACCOUNT of a dissection by a physician in Connecticut, being an extract from a letter to a fellow of the society.

"I was present at the opening of the head of an adult, who had been sick of the epidemic disease in its severe form for some weeks. Near the close of life

he had the usual symptoms of hydrocephalus internus. The left ventricle of the brain was full of water, and the veins were very turgid. I saw two other cases near the close of life, which had been treated with stimulating remedies, in which also the symptoms of hydrocephalus internus appeared."

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REMONSTRANCE

OF

THE MASSACHUSETTS MEDICAL SOCIETY,

ON THE

4th Dec 10

PETITION FOR THE ESTABLISHMENT OF A COLLEGE
OF PHYSICIANS :

TOGETHER WITH SAID PETITION.

BOSTON :

PRINTED BY THOMAS B. WAIT AND CO.

1811.

hand book

Boston, October 17th, 1811.

At a stated meeting of the Counsellors of the Massachusetts Medical Society, held on the 5th day of October, 1811,

Voted, That the committee appointed to present to the General Court the Remonstrance of the society against the petition for a College of Physicians, be empowered to print the said remonstrance, and also the petition, provided they judge it expedient.

At a meeting of the committee on the 17th day of October 1811,

Voted, That it is expedient to print the said remonstrance and petition; and that the Corresponding Secretary and Recording Secretary be directed to cause the same to be done, and a copy transmitted to each of the fellows of the society.

Attest.

THOS. WELSH, Corresponding Sec'ry.

TO THE
HONOURABLE THE SENATE,
AND THE
HONOURABLE THE HOUSE OF REPRESENTATIVES,
IN GENERAL COURT ASSEMBLED,
THIS PETITION MOST RESPECTFULLY SHEWETH:—

THAT seeing health is a blessing, which sweetens all our enjoyments ; and long life that which all men naturally desire, so every thing that tendeth to secure the one or leadeth to the other, is an object worthy the attention of this Legislature.

And considering, moreover, that of the various methods of obtaining and diffusing medical knowledge, not one is found so effectual and desirable as a friendly and liberal intercourse and honourable associations of its professors ; more especially when their end and aim is mutual improvement and the public good ; and experience has proved that two literary and scientific societies produce more than double the advantage of one—

Influenced by these sentiments, we your petitioners humbly pray the Honourable the Legislature to constitute us, and such as may hereafter associate with us, a body politic and corporate, by the name and title of the *Massachusetts College of Physicians* ; with such powers, privileges and immunities, as other medical associations of the like nature and views, enjoy under the same denomination in several states of the Union.

And your petitioners shall, as in duty bound, ever pray.

THOMAS WILLIAMS,
SAMUEL DANFORTH,
MARSHALL SPRING,
NATH. AMES,
WILLIAM ASPINWALL,
JOHN JEFFRIES,
JAMES MANN,
CHARLES WINSHIP,
ABIJAH DRAPER,
JOSEPH LOVELL,
JACOB GATES,
WILLIAM INGALLS.

The foregoing is a true copy of a petition presented and read in the House of Representatives of the Commonwealth of Massachusetts, on Tuesday the 12th of February 1811 ;—and then committed to

Dr. KITTREDGE of Andover,
Mr. LINCOLN of Worcester,
And Mr. MELLEN of Cambridge.

On the 18th of February 1811, the abovementioned committee reported, that the subject matter of this petition be referred to the first session of the next General Court.—Which report was accepted ; and it stands referred accordingly.

Attest,

C. P. SUMNER,

Clerk of the House of Representatives.

Boston, 20th March, 1811.

TO THE
HONOURABLE THE SENATE AND HOUSE OF REPRESENTATIVES
OF THE COMMONWEALTH OF MASSACHUSETTS.

THE Massachusetts Medical Society, in consequence of an application to the General Court in February last, for the incorporation of a College of Physicians, beg leave respectfully to represent,

That the said Massachusetts Medical Society was established in November 1781, with power to elect officers, examine and license candidates for practice, hold estate, and perpetuate its existence as a body corporate. In June 1782, the society was organized agreeably to the provisions of the statute, and the members directed in every way to extend and increase its usefulness. By an additional act of the General Court in February 1789, authority was given to point out and describe such a mode of medical instruction as might be deemed requisite for candidates previous to examination ; which important duty has been constantly attended to, and occasionally revised. By a farther additional act in March 1803, as the society was thought too limited to answer the purposes of its establishment, its state was so essentially changed, that the number of its fellows originally limited to seventy, may embrace all respectable physicians and surgeons resident in the state ; and that district societies

may be established in such places as will facilitate medical improvement, and prevent the inconvenience of applying in all cases to the censors in Boston for an examination.

In consequence of this provision several district societies are formed, and are in a prosperous condition, cultivating medical science, and qualifying candidates, in various parts of the commonwealth. It has been the constant endeavour of the society, without reference to local or political considerations, to admit the most respectable practitioners in every section of the state, and they are desirous to elect all others of known talents who, by accident or from any other cause, are not admitted.

The number of candidates licensed for practice by the society is more than eighty, all of whom, as well as all bachelors of medicine in Harvard University, may claim admission as fellows of the society, after three years practice.

The present number of fellows exceeds two hundred. Publications of important cases communicated to the society ; of a Pharmacopæia, which is now in general use ; and of Dissertations read at the meetings, have been made, as often as the funds would possibly admit ; committees have been appointed to investigate the nature, causes and cure of epidemics, and the result of their inquiries communicated to the public. The greatest harmony has distinguished their proceedings. No mention was ever made, as has been insinuated, of regulating fees in practice. The sole object of the society has been to promote the design of its institution, and the fellows have been led to be-

lieve by the constant patronage and support of the Legislature, as well as the public voice, that their conduct has been approved.

It is scarcely necessary to remark, that from the state of medical science, at the incorporation of the society, its progress, for several years, was slow, and that it was less useful than could have been wished ; but by the aid and co-operation of the flourishing medical school at the University, it is at this time in a most prosperous state ; and it is the united endeavour of all to promote medical instruction, and discourage unworthy practices.

It is found on examination that the petition on the files of the General Court, for a College of Physicians, is for similar powers and privileges with this society, on the ground, that—"two literary and scientific societies would produce more than double the advantages of one."--The society presume not to dictate to the Legislature on this important subject ; but they beg leave respectfully to offer an opinion, that the establishment of such an institution, can effect no object, not accomplished by existing societies, and would be so far from promoting a laudable and useful emulation, that candidates rejected by one society would resort to the other, with the greatest hopes of success, whatever might be their qualifications for the proper exercise of their profession. Hence would arise disagreements and animosities, which in other parts of the United States (particularly in Philadelphia at a former period, and very recently at New-York) have been injurious to the profession and to the public. Such animosities were threatened in the

infancy of this establishment, by a supposed interference of Harvard College, with the rights of the society, and would have produced the most unhappy effects, but for the repeal of an exceptionable article in that establishment, and the accommodating conduct of those who at that period were the guardians of science, and the patrons of the healing art.

From these considerations, and from other circumstances which the Medical Society are prepared to state, they have thought it an incumbent duty to request that the prayer of the said petition should not be granted, and they as in duty bound will ever pray.

At the annual meeting of the Fellows of the Massachusetts Medical Society, held on the 5th day of June 1811, the following members being present, viz.

JOHN WARREN	of	Boston.
JOSHUA FISHER		Beverly.
COTTON TUFTS		Weymouth.
LEMUEL HAYWARD		Boston.
DAVID TOWNSEND		do.
THOMAS KITTREDGE		Andover.
WILLIAM GAMAGE		Cambridge.
THOMAS WELSH		Boston.
JOHN BROOKS		Medford.
ABRAHAM HASKELL		Lunenburg.
TIMOTHY CHILDS		Pittsfield.
OLIVER PRESCOTT		Newburyport.
AARON DEXTER		Boston.
JOSIAH BARTLETT		Charlestown.
JONATHAN OSGOOD		Gardner.
JAMES THACHER		Plymouth.
OLIVER FISKE		Worcester.
AMOS HOLBROOK		Milton.
WILLIAM SPOONER		Boston.
DANIEL PARKER		Bradford.
JOHN G. COFFIN		Boston.
THOMAS MANNING		Ipswich.
NATHANIEL MILLER		Franklin.
ISAAC HURD		Concord.
JOHN FLEET		Boston.
JOHN B. KITTREDGE		Framingham.
ESTES HOWE		Belchertown.
RICHARD HAZELTINE		Berwick.
SHIRLEY ERVING		Boston.
ABIEL HEYWOOD		Concord.
GEORGE OSGOOD		Danvers.
GROSVENOR TARBELL		Lincoln.
JACOB GATES		Boston.
WILLIAM INGALLS		do.

WILLIAM GAMAGE, jun.	of Boston.
DANIEL SHUTE	Hingham.
JAMES P. CHAPLIN	Cambridgeport.
JOHN WALTON	Pepperell.
JOSEPH TORREY	Salem.
ISRAEL WHITON	Winchendon.
ABEL FOX	Charlestown.
ISRAEL ALLEN	Sterling.
ROBERT THAXTER	Dorchester.
PETER G. ROBBINS	Lynn.
THOMAS J. PARKER	Boston.
JOHN D. TREADWELL	Salem.
JOSEPH FISK	Lexington.
JOHN BARTLETT	Roxbury.
JOHN DIXWELL	Boston.
ABRAHAM R. THOMPSON	Charlestown.
JEREMY STIMPSON	Groton.
SAMUEL PERRY	New Bedford.
EBENEZER STARR	Newton.
LEVI LINCOLN	Hingham.
JAMES GARDNER	Lynn.
STEPHEN BATCHELDER	Royalston.
JAMES JACKSON	Boston.
WALTER HUNNEWELL	Watertown.
NOAH FYFIELD	Weymouth.
PETER ADAMS	Stoughton.
JOHN GORHAM	Boston.
TIMOTHY L. JENNISON	Cambridge.
SAMUEL HEMMENWAY	Salem.
ASA BULLARD	Boston.
JOHN C. WARREN	do.
DANIEL FOGG	Braintree.
NEHEMIAH CLEVELAND	Topsfield.
SAMUEL MANNING	Lancaster.
HORACE BEAN	Boston.
PETER BRYANT	Cummington.
BENJAMIN BROWN	Waldoboro.
ISAAC RAND, jun.	Boston.

The above Memorial was read, accepted (with one dissenting voice) and ordered to be presented by Drs. Townsend, Warren, Welsh, Dexter, Spooner, Bartlett, and Shurtliff.

In behalf of the Society.

JOHN WARREN, President.

COMMONWEALTH OF MASSACHUSETTS.

In the House of Representatives, June 14, 1811.

Read and committed to Mr. GREEN of Berwick, Mr. FAY, and Mr. BANGS, with such as the Honourable Senate may join, to consider and report.

Sent up for concurrence.

JOSEPH STORY, Speaker.

In Senate, June 14, 1811.

Read and concurred, and the Honourable Mr. STARKWEATHER, and the Honourable Mr. TOWNER, are joined.

SAMUEL DANA, President.

The joint committee of both Houses to whom was committed the petition of Thomas Williams and others, praying to be incorporated by the name and title of "The Massachusetts College of Physicians," with such powers, privileges and immunities as other medical associations have and enjoy; and also, the remonstrance of John Warren, and others, members of "The Massachusetts Medical Society," praying that the prayer of the aforesaid petition may not be granted; are of opinion, that the importance of the subject requires more time and attention than the committee or Legislature can at this late period of the session, bestow thereon; and do therefore, by and

with the mutual consent of the said parties, report, that the further consideration of the subject be referred to the next session of the present General Court.

Which is submitted.

EZRA STARKWEATHER.

Per order.

In Senate, June 21, 1811.

Read and accepted.—Sent down for concurrence.

SAMUEL DANA, President.

In the House of Representatives, June 22, 1811.

Read and concurred.

JOSEPH STORY, Speaker.

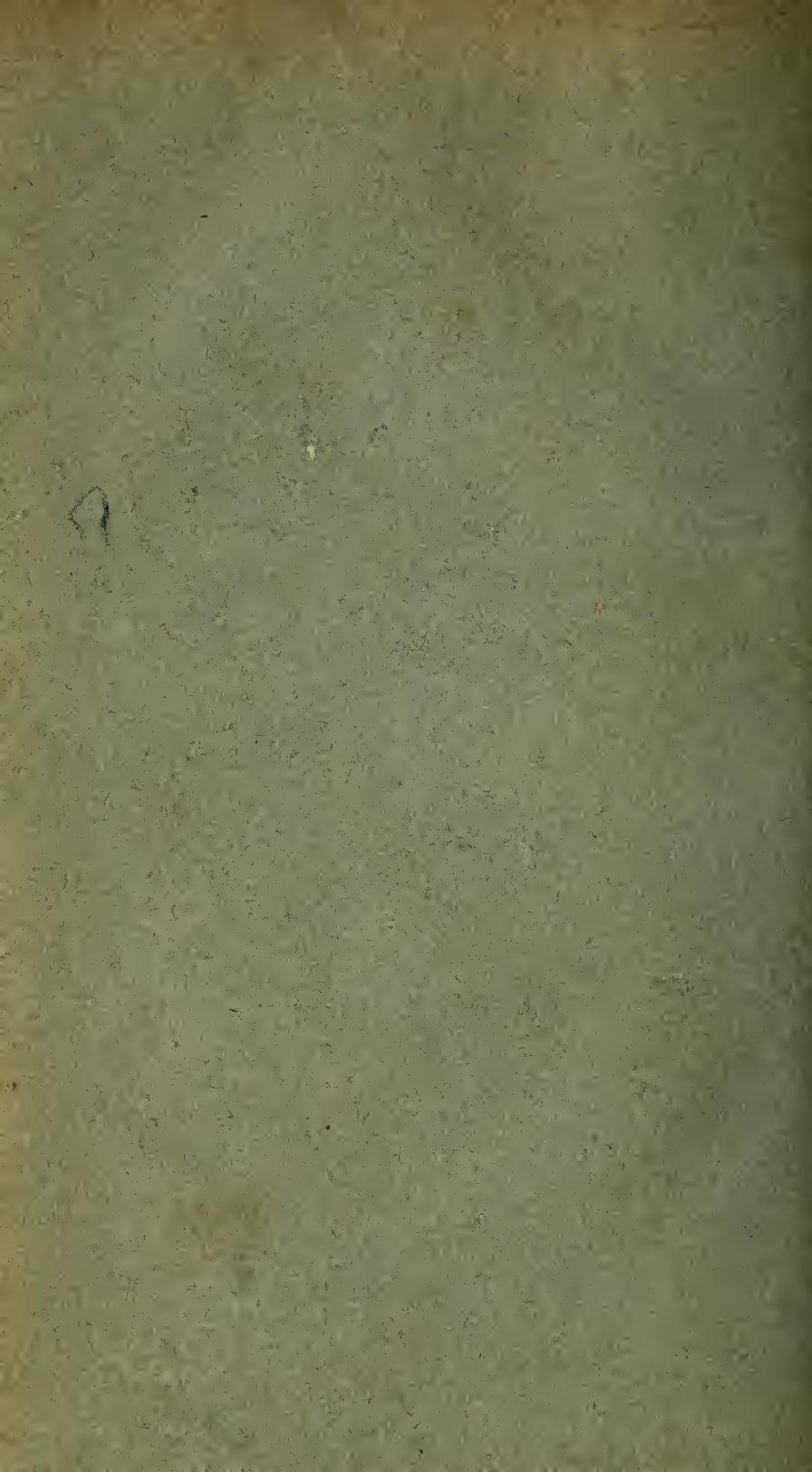
A true copy—Attest.

C. P. SUMNER,

Clerk of the House of Representatives.

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Green Spring



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ACTS

OF THE

Legislature of Massachusetts

FOR REGULATING THE

PRACTICE OF PHYSICK AND SURGERY.

WITH THE REGULATIONS ADOPTED BY THE

3758.10
MASSACHUSETTS MEDICAL SOCIETY

FOR CARRYING THESE ACTS INTO OPERATION.

AND A

LIST OF THE BOOKS

REQUIRED AND RECOMMENDED BY THE SOCIETY.

BOSTON :

PRINTED BY WELLS AND LILLY.

.....
1819.

ACTS

REGULATING THE

PRACTICE OF PHYSICK, &c.

An Act regulating the Practice of Physick and Surgery.

SECT. I. *BE it enacted by the Senate and House of Representatives in General Court assembled and by the authority of the same,* That no person from and after the first day of July next, who shall commence the practice of Physick and Surgery within this Commonwealth, not having received a medical degree, from some College or University ; or not having been duly licensed by some Medical Society, or College of Physicians, or by three Fellows of the Massachusetts Medical Society, to be designated in each county of this Commonwealth by the Counsellors of said Society, shall take the benefit of law for the recovery of any debt, or fees accruing for his professional services.

SECT. II. *Be it further enacted,* That the Counsellors of the Massachusetts Medical Society shall, at the annual meeting of said Society, appoint three persons in each county of this Commonwealth,

with power to examine candidates for the practice of Physick and Surgery, and to grant licenses as aforesaid, and the persons so appointed shall be governed by the laws and regulations of said Medical Society.

SECT. III. *Be it further enacted,* That any person, who may hereafter be licensed to practice Physick and Surgery within this Commonwealth shall deposit a copy of such license, with the Clerk of the town, district or plantation, in which such licentiate may reside, and until such license shall be so deposited, those physicians and surgeons who may neglect the same, shall be subject to the disqualifications prescribed in the first section of this act, in the same manner as if no license had been granted. And it shall be the duty of said Clerk to file such copy in his office, with a certificate thereon, attested by him of the day and year when the same was so deposited, for which he shall be entitled to receive from the licentiate who may deposit the same, the sum of fifty cents, and no more.

Approved by the Governor, Feb. 19, 1818.

Copy examined by A. BRADFORD,
Secretary of Commonwealth.

An Act in addition to an Act entitled “An Act regulating the practice of Physick and Surgery.”

SECT. I. *BE it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same,* That no person entering the practice of Physick or Surgery, after the first day of July next, shall be entitled to the benefit of law for the recovery of any debt or fee, accruing for his professional services, unless he shall, previously to rendering those services, have been licensed by the officers of the Massachusetts Medical Society, hereafter to be designated in this act; or shall have been graduated a Doctor in Medicine in Harvard University.

SECT. II. *Be it further enacted,* That it shall be the duty of the Counsellors of the Massachusetts Medical Society, at their first meeting in every year, after the annual meeting of said Society to appoint twenty five Examiners or Censors from among the Fellows of said Society, viz. five in each of the Districts of this Commonwealth, to be hereafter described; the five in each of said Districts respectively, or a majority of them, to constitute a separate Board of Examiners or Censors: and the Censors of each of these Boards, shall have the same power, and be subject to the same penalties, as are already given and imposed by the laws of this Commonwealth, to and upon the Censors of the said Society: And when any person, who has been educated to the practice of Physick or

Surgery, out of this Commonwealth, and who has come into this Commonwealth to pursue the practice of the same, shall present himself to either of the Boards of Censors, described in this act, as a candidate for examination, the said Censors may examine any documents which such candidate may offer ; and if they are satisfied by the same, that such candidate has received an education, agreeably to the regulations which have been or may be provided by said society, and has been duly examined and approved by some competent authority, they may thereupon license such candidate to practice Physick or Surgery, or both as the case may be, without subjecting him to a new examination.

SECT. III. *Be it further enacted,* That for the purpose expressed in the second section of this act, the Commonwealth shall be divided into five Districts, to be entitled the first, second, third, fourth and fifth Medical District, respectively, viz : the First Medical District to include the Counties of Suffolk, Essex, Middlesex, Norfolk, Bristol, Plymouth, Barnstable, Dukes Co. and Nantucket : the Second Medical District to include the County of Worcester : the Third Medical District to include the Counties of Franklin, Hampden and Hampshire : the Fourth Medical District to include the County of Berkshire : the Fifth Medical District to include all the counties in the District of Maine. The meetings of the Censors shall be held in these Districts respectively, in such places and at such

stated periods, as the Counsellors of the Massachusetts Medical Society may direct; and the said Counsellors shall be authorized to make new Districts, and appoint new Censors, whenever the publick good may appear to require.

SECT. IV. *Be it further enacted,* That all matters and clauses contained in the act, entitled "an Act regulating the practice of Physic and Surgery," which are contrary to the provisions of this Act, shall be and they hereby are repealed.

Approved by the Governor, Feb. 19, 1819.

Copy examined by A. BRADFORD.

Secretary of Commonwealth.

RULES

FOR THE

CONDUCT OF THE CENSORS

OF THE

Massachusetts Medical Society :

ADOPTED BY THE SOCIETY AT THEIR ANNUAL MEETING,

JUNE 2, A.D. 1819.



FIRST.

AT the meetings of the Censors of this Society, no vote shall be taken, and no business transacted, except a vote on the question of adjournment, unless three members of the Board be present, and at all such meetings, the senior member present shall preside.

SECOND.

It shall be the duty of every Board of Censors to appoint, at their first meeting, a Secretary from their own body for the ensuing year. The duty of every secretary so appointed, shall be to keep a faithful record of the meetings and transactions of the Board by which he is appointed, and to receive

the fees for licenses ; and likewise, at the termination of the year for which he shall be appointed, to transmit to the Treasurer of this Society the monies he may have received as above, and to the Corresponding Secretary of this Society a true copy of the records he may have made, in order that the same may be laid before the counsellors of the society.

THIRD.

Candidates for examination before any of the Boards of Censors shall, at or before one of the stated meetings of such Board, make application and give their names in writing to the Secretary of such Board, and no candidate shall be examined except at a stated meeting of the Board to which he applies, or at an adjournment of the same. At every such meeting, the Candidates shall be called upon in alphabetical order, and each candidate shall be examined separately and in private.

FOURTH.

In every examination, the following course shall be pursued, viz.

1st. The candidate shall be called upon for written testimonials of his having complied with the conditions required by the by-laws of this Society in respect to education, and it shall be especially inquired whether any portion of the time, which he has

professed to devote to his medical education, has been employed in keeping school or any other occupation, and all time so employed shall be deducted from the time professedly devoted to his medical education. Likewise, the candidate's knowledge of the latin language, and the principles of geometry and experimental philosophy shall be carefully inquired into, and fully shewn, either by certificates from teachers of established reputation and good credit, or by actual examination. In every case where the Censors are not fully satisfied on the points here stated, the examination shall close, and letters of approbation and license shall be refused.

2d. In every case, where the Censors are fully satisfied on the points above stated, the candidate shall next be called upon for a list of the books he has read, and it shall be noticed whether this list includes the books required by the laws of this Society, and, if he has not read the books so required, the examination shall close and not be resumed until he has read the same.

3d. The candidate, having passed through the preceding steps with approbation, shall next be examined in the following branches separately, viz. anatomy, physiology, chemistry, materia medica, midwifery, surgery, pathology and therapeutics; and in addition to such general inquiries as the Censors examining may think proper, they shall examine him particularly in some one of the books,

required by this Society, to be read by medical Students, on each of the subjects above mentioned.

4th. When the examination of the candidate has closed, he shall retire from the meeting of the Censors, and the Chairman shall propose the following question, to which each Censor present, including the chairman, shall answer yea or nay, viz. Does the candidate, who has now undergone examination, appear qualified to practise medicine or surgery, or both (as the case may be,) and to take charge of the lives and health of his fellow-men? If the major part of the Censors present at his examination reply in the affirmative, he shall receive a letter of approbation and license in the form prescribed by the by-laws, he having paid the fee prescribed in the same, if otherwise, such letter shall be refused him.

FIFTH.

When any candidate presents himself to the Censors, who has been educated out of this Commonwealth, and offers testimonials to shew that he has received a proper education, and undergone an examination with success before some competent body, agreeably to the second section of the law of this Commonwealth, passed February 19, 1819, entitled "An Act in addition to an Act entitled, an Act regulating the practice of physick and surgery," the Censors shall institute an inquiry upon all or any evidence which shall come before them, whether the candidate has actually received as good an education as is required by the by-laws of this Society,

and whether the practice of the body, before whom such a candidate has been examined, has been such as to entitle their approbation to full respect ; and, if the evidence be altogether favorable, such candidate shall be permitted to receive a letter of license from this society in the form prescribed in the by-laws, he having paid the fee prescribed in the same ; but after examining the evidence in the case, if it do not appear that the education has been equal to that required by this Society, the Candidate shall be rejected ; and if it do not appear that the body which examined the candidate is entitled to full respect, or if, in any way, the Censors are doubtful as to his qualifications, they shall examine him themselves, and decide upon the case as if he had never been examined before ; but in this case, it shall not be considered necessary that he should have studied with a fellow of this Society, or read the books required by this Society to be read by medical students.

SIXTH.*

It shall be the duty of the Secretary of each Board of Censors to notify the several stated meetings of the same by advertisement in two newspapers published within the medical district to which

* The Counsellors of the Society offer the following explanation of the sixth rule, viz.: That the Secretary of each board of Censors must be considered as authorized to act for the board of Censors in the same District for the ensuing year so far as to advertise the first regular meeting of the same, and likewise to receive and transmit to the Board for the ensuing year, at their first annual meeting, the applications of candidates for examination.

he belongs, one month, at least, before the day of such meeting.

The foregoing rules have been adopted by the Society, and have been made to extend to particulars, with the design of rendering the practice in the different Boards of Censors uniform in every point. Should it however, appear from experience that this object is not attained, it will be considered the duty of its Fellows who become apprized of this, and more especially of the Censors, to make the same known to the Society, that the proper amendments and additions may be adopted.

The following alteration was made by the Society in the fourth Chapter, second section of the By-Laws, viz. in the printed copy page 28th, 8th line, That the words "latin language" be substituted for the words "greek and latin languages." The altered section will read as follows.

Chap. 4th Sect. 2d. Candidates and their qualifications.

Every person educated within this Commonwealth, shall have the following qualifications to entitle him to an examination by the Censors of the Society, or by those of any district Society.

1st. He shall have such an acquaintance with the latin language as is necessary for a medical or surgical education, and with the principles of geometry and experimental philosophy.

2d. He shall have studied three full years under the direction, and attended the practice, of some one or more of the Fellows or Honorary Members of the Society ; during which time he shall have studied the most approved authors in anatomy, chemistry, materia-medica, surgery, midwifery, and the theory and practice of medicine ; or at least, all those which the Counsellors shall from time to time specify, as constituting a proper course of medical or surgical education.

The following list of books is designated by the Counsellors of the Society to be read by medical students, as constituting a proper course of medical or surgical education.

In accordance with a law of the Commonwealth, enacted February 10, 1789, and in obedience to a by-law of the *Massachusetts Medical Society*, the Counsellors of the said Society hereby give notice, that candidates for examination before the Censors, must hereafter give evidence of having read and studied the books whose titles are contained in the list which follows, viz:—

The Edinburgh System of Anatomy ; Bell's System of Anatomy, or Wistar's Anatomy ; Haller's First Lines of Physiology ; Richerand's Elements of Physiology ; Bichat on Life and Death ; Lavoisier's Elements of Chemistry ; Murray's System of Chemistry, or Henry's Chemistry ; Murray's Materia Medica ; Thatcher's Dispensatory ; Pharmacopœia of the Massachusetts Medical Society ; Benja. Bell's

System of Surgery; Boyer's System of Surgery; Boyer on the Bones; Hunter's Treatise on the Blood, Inflammation and Gunshot Wounds; Burn's Anatomy of the Gravid Uterus; Denman's System of Midwifery; Denman's Aphorisms; Cullen's Nosology; Cullen's First Lines of the Practice of Physick; Thomas's Practice of Physick; Sydenham's Works; Rush's Works; Underwood on the Diseases of Children; G. Fordyce's Dissertations on Fever; Heberden's Commentaries on Diseases; Hunter's Treatise on Lues Venerea.

Although the books mentioned in the foregoing list are all that candidates are required to have read, yet the Counsellors believe that many more may be perused during the period of pupillage, and they have therefore prepared another list of books, which they recommend for the perusal of students in Medicine.

BOOKS RECOMMENDED.

Anatomy—Winslow's Anatomy; Soemmerring's do.; Cheselden's do.; Boyer's do.; Albinus's Anatomical Plates; Charles Bell's System of Dissections; London Dissector.

Physiology—Halleri Elementa Physiologiæ; Boerhaave's Institutes; Nouveaux Elemens de la Science de l'Homme par Barthez; Bichat's General Anatomy; Bichat on the Membranes; Blumenbach's Physiology; Blumenbach's Comparative Anatomy; Cuvier's Comparative Anatomy; Fordyce on Digestion; Hunter on the Animal Economy;

Hewson on the Blood and Lymphatics; Sheldon on the Absorbent System; Bostock on Respiration; Ellis on the Effects of Germination, Vegetation and Respiration on the Air, in two parts; Parry on the Pulse of the Arteries.

Chemistry—Davy's Elements of Chemical Philosophy; Thomson's System of Chemistry; Black's Chemistry; Accum's do.

Materia Medica and Pharmacy—Murray's Apparatus Medicaminum; Thesarus' Medicaminum; Cullen's Materia Medica; Lewis's do.; Pearson's do.; Bigelow's Medical Botany.

Surgery—Pearson's Principles of Surgery; Bell's (J.) do. do.; Thomson on Inflammation; Pott's Works; Abernethy's Surgical Works; Dorsey's Surgery; Cooper's Surgical Dictionary, by Dorsey; Hey's Practical Observations on Surgery; Bell's (Ch.) Operative Surgery; Desault's Surgery; Richter's Medical Cases in Surgery; Larrey's Military Surgery; Jones on Hæmorrhage; Home on the Formation of Pus; Bell (B.) on Ulcers; Bell (B.) on Lues Venerea; Ware on the Diseases of the Eye; Scarpa on the Eye; Wardrop on the Morbid Anatomy of the Eye; Saunders on the Eye; Saunders on the Ear; Hunter on the Teeth; Fox on the Teeth; Cooper (A.) on Hernia; Lawrence on do.; Travers on Wounds of the Intestines; Crowther on White Swellings; Ford on the Hip joint; Home on Strictures of the Urethra; Bell (C.) on Diseases of

the Urethra ; Howship on Diseases of the Urinary Organs ; Copeland on Stricture of the Rectum.

Midwifery—Smellie's Midwifery ; Hamilton's do. ; Boudeloque's do. ; Merriman on difficult Parturition ; Rigby on Uterine Hæmorrhage ; Burns on do. do. ; White on Lying-in Women ; Gordon on Puerperal Fever ; Hey on do. do. ; Armstrong on do. do.

Pathology and Therapeutics—Celsi Opera ; Gaubii Institutiones Pathologicæ ; Van Swieten's Commentaries on Boerhaave ; Conspectus Medicinæ Theoreticæ, auctore, Jacobo Gregory ; Burserius's Institutes of Medicine ; Nosologia Methodica, auctore F. B. de Suavages ; Brown's Elements of Medicine ; Darwin's Zoonomia ; Brown on Darwin's Zoonomia ; Parray's Elements of Therapeutics, &c. ; Morgagni on the Seats and Causes of Diseases ; Baillie's Morbid Anatomy, with the Plates ; Whytt's Works ; Forthergill's Works ; Cheyne's Essays on Diseases of Children ; Percival's Medical Works ; Currie on the diseases of America ; Kirkland's Medical Surgery ; Zimmerman on Experience in Physick ; Huxham on Fevers and Sore Throat ; R. Jackson on Fevers of Jamaica ; R. Jackson's Outlines of the History and Cure of Fevers ; R. Jackson on Cold Water ; Currie on Cold Water ; Phillips (alias Wilson) on Febrile Diseases ; Senac on Intermittent Fever ; Alibert on do. ; Clark on Fevers and Scarlatina ; Chisholm on Pestilential Fevers ; Bancroft on Yellow Fever, &c. ; Fellowes

on the Fever of Andalusia, &c. ; Armstrong's Illustrations of Typhus, &c. ; Beddoes on the Combination of Fever and Inflammation; Strong on Petechial Fever; North on do. ; Gallup on the Epidemics of Vermont; Clark on Hot Climates; Lind on do.; Johnson on Diseases of Hot Climates; Chalmers on Diseases of South Carolina; Cleghorn on Diseases of Minorca; Hillary on Diseases of Barbadoes; Hunter on Diseases of the Army in Jamaica; Moseley on Tropical Diseases; Pringle on Diseases of the Army; R. Jackson on the Medical Department of Armies; Lind on Diseases of Seamen; Lind on the Scurvy; Blair on Diseases of seamen; Trotter's *Medicina Nautica*; Blackall on Dropsies; Portal sur l'Apoplexie; Cheyne on Apoplexy, Lethargy, &c.; Arnold on Insanity; Crichton on Mental Derangement; Pinel on Insanity; Haslam on Madness; Cox on Insanity; Rush on Mental Diseases; Bree on Disordered Respiration; Corvisart on Diseases of the Heart; Burns on do. do. ; Parry on Syncope Anginosa; Davis on Carditis; Maclean on Hydrothorax; Young on Consumption; Stark's (Wm.) Works; Hamilton on Digitalis; Withering on Fox-glove; Crumpe on Opium; Badham on Bronchitis; Watts on Chincough; Fothergill on Ulcerated Sore Throat; Withering on Scarlatina; Ring on Gout; Sutton on Delirium Tremens, Peritonitis, and Gout; Pemberton on Diseases of the Abdominal Viscera; Saunders on the Liver; Harty on Dysentery; Hamilton on Purgative Medicines; Brera on Worms, by Coffin; Adams on Morbid Poisons;

Bateman on Cutaneous Diseases, with the Plates; Willan on Cow-pox; Home's Medical Facts; Home's Clinical Experiments; Ferriar's Medical Histories and Reflections; Fowler on Rheumatism; Fowler on Arsenic; Fowler on Tobacco; Robertson on Cantharides; Bardsley's Medical Reports; Haygarth on Rheumatism; Rollo on Diabetes.

Miscellaneous and Periodical Works—Friend's History of Medicine; Hunter's Introductory Lectures; Cabanis on the Revolutions in Medical Science; Hutchinson's Biographia Medica; Young's Medical Literature; Gregory on the Duties and Qualifications of a Physician; Rush's Introductory Lectures; Percival's Medical Ethics; Farr's Medical Jurisprudence; Edinburgh Medical Essays; Medical Observations and Inquires; Medical Transactions of the College of Physicians of London; Transactions of the College of Physicians of Philadelphia; Memoirs of the Medical Society of London; Memoirs of the Massachusetts Medical Society; Duncan's Medical Commentaries; Transactions of a Society for the Improvement of Medical and Chirurgical Transactions; Medico-Chirurgical Transactions; London Medical and Physical Journal; Edinburgh Medical and Surgical Journal; New-York Medical Repository; New-York Medical and Philosophical Journal; New England Journal of Medicine and Surgery.

The following gentlemen have been chosen Censors of the Society for the year ensuing, viz.

DRS. AARON DEXTER,
JOSIAH BATLETT,
WILLIAM SPOONER,
JAMES JACKSON,
JOHN DIXWELL. } *Censors for the Society at large, and for the First Medical District.*

For the Second Medical District.

DRS. OLIVER FISKE,
ABRAHAM HASKELL,
JONATHAN OSGOOD,
AUSTIN FLINT,
JOHN GREEN.

For the Third Medical District.

DRS. PETER BRYANT,
ELIHU DWIGHT,
SETH LATHROP,
JOSEPH H. FLINT,
ALPHEUS F. STONE.

For the Fourth Medical District.

DRS. TIMOTHY CHILD,
HUGO BURGHARDT,
ASA BURBANK,
DANIEL COLLINS,
BENJAMIN ROGERS.

For the Fifth Medical District.

DRS. JOSEPH GILMAN,
JOHN MERRILL,
SAMUEL WEED,
AMMI R. MITCHELL,
TIMOTHY LITTLE.

The Counsellors have appointed the times and places of the meetings for the Censors according to the following order, viz.

The Censors for the First Medical District shall meet in Boston, on the last Wednesdays of January and July—Those for the Second Medical District, in Worcester, on the Wednesday following the third Monday in June—Those for the Third Medical District, in Northampton, on the Wednesday following the third Tuesday in September—Those for the Fourth Medical District, in Lenox, on the Wednesday following the second Tuesday in September—Those for the Fifth Medical District, in Portland, on the Wednesday following the third Tuesday in June annually.

THE END.

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ADDRESS

TO THE COMMUNITY,

ON THE

NECESSITY OF LEGALIZING

THE STUDY OF

ANATOMY.

—
BY ORDER OF THE
MASSACHUSETTS MEDICAL SOCIETY.

—
BOSTON:
PERKINS & MARVIN, 114, WASHINGTON ST.

1829.

At a stated meeting of the Counsellors of the MASSACHUSETTS MEDICAL SOCIETY, held February 4th, 1829, it was

Voted, That a Committee be appointed to prepare a petition to the Legislature, to modify the existing laws, which now operate to prohibit the procuring of subjects for anatomical dissection; and to report the same for the consideration of the Society, at their annual meeting in June. This Committee consists of Drs. J. C. WARREN, E. ALDEN, and A. L. PEIRSON.

At the annual meeting of the Society, held June 3d, the Committee on the subject of Dissections having reported,—after considerable discussion, it was finally agreed to refer the whole subject to a Committee of nine, with a request that they would report to the Counsellors, at their stated meeting in October next; and the Counsellors were authorized to take such measures as they might deem necessary in behalf of the Society. The following gentlemen were chosen to serve on this Committee, viz. Drs. ABEL L. PEIRSON, Salem; JOHN C. WARREN, JOHN D. WELLS, JOHN WARE, WILLIAM INGALLS, GEORGE C. SHATTUCK, Boston; NATHANIEL MILLER, Franklin; NEHEMIAH CUTTER, Pepperell; and JOHN BROOKS, Barnardston.

At a stated meeting of the Counsellors, held Oct. 7th, 1829—The Committee appointed in June last, on the subject of Dissections, reported that they had issued a circular letter to the Fellows of the Society, with a view of advancing the objects proposed by their appointment; and they recommended to the Counsellors to cause a petition to the Legislature to be prepared and presented at the winter session of the General Court.

Voted, That this Committee be requested to continue their attention to the subject, and adopt such other measures as they may deem expedient in relation to it.

Voted, That they be authorized to make expenditures to promote the object for which they were appointed, provided they do not exceed \$150.

A true copy from the Records.

Attest,

GEO. HAYWARD,
Rec. Sec. of the Mass. Med. Society.

Boston, Dec. 7, 1829.

ADDRESS.

It is a truth sufficiently mortifying to the practitioners of the healing art, and disastrous to the community, that while all other pursuits of science are encouraged and facilitated in this Commonwealth, and throughout New England, that alone, which has for its object a knowledge of the structure of man, with a view to heal the diseases to which he is subject, is not only unprovided for, but virtually disgraced and condemned. It is time that the facts upon this subject be laid before the public,—that the wants of the profession be fairly and distinctly stated,—and the science of Anatomy rescued from degradation and persecution.

We hardly need to dilate upon the importance of a knowledge of Anatomy in a medical education :—it is the ground-work, the very alphabet of that education. The proposition is almost self-evident, that no man, who does not possess it, can be, especially in the outset of his career, a safe practitioner. The study of the healthy structure of the body prepares him to discover the variations induced by disease, and to detect the organ in which this variation

is produced. Thus alone can remedies be applied with the best reference to the seat of disease. A mistaken notion prevails, that the treatment of internal diseases does not require a knowledge of Anatomy, as much as that of those whose changes are recognizable externally, and allowed to fall within the province of the surgeon. The causes of disease are seldom found in the part affected. The laws of sympathy bind distant organs to each other, and a paralyzed hand, or gouty foot, may be owing to disease of the brain or stomach. Pain in the shoulder, in disease of the liver,—and pain in the knee, in that of the hip, are familiar instances of this sympathy. The cure of these and other external complaints, is often to be effected by means applied to internal organs; and a knowledge of the structure and functions of these organs is as much required, as it is when the part affected is to be the object of a surgical operation.

In all surgical cases, the hand of the operator is paralyzed, if not guided by a knowledge of the parts in which the operation is going forward. Many a conscientious practitioner has declined performing surgical operations for the lack of this knowledge, to the great risk of life and limbs, especially to the laboring classes of community, whose pecuniary means do not allow them so wide a range in the choice of their physician.

Accidents are daily happening in all parts of the country, which call for the application of anatomical knowledge on the part of the practitioner of medicine, and upon the possession of which knowledge

important lives are depending. And if ever the triumph of knowledge over ignorance is complete, it is when the skilful surgeon, guided by his acquaintance with the structure of parts, is enabled to ward off otherwise inevitable death, by a seasonable operation, in cases of bleeding, and other accidents and disorders, which require prompt relief.

The following facts, (and many similar might be stated,) illustrate the above remarks :—

Hernia, or rupture, is a most common disease, and one to which laboring men are by far the most liable, as it is usually produced by sudden and violent bodily exertion. It is generally known, that if the protruded bowel becomes strangulated, or confined within the hernial bag, so that it cannot be returned into the abdomen, death almost inevitably ensues. Now the operation required for the relief of this dangerous condition, is one which can readily be performed by every anatomist. And yet, in the most populous part of Massachusetts, a very aged practitioner, and one who was eminent in the practice of his profession for more than half a century, had never known this operation to be performed within the circuit of his extensive practice, till about twelve years ago. When he was asked how many he had known to die of the complaint, on whom no operation was attempted, he said, “Certainly more than a hundred.” A hundred lives lost, within the knowledge of one practitioner, for want of anatomical science ! How great must have been the number in the whole of New England, who perished miserably from the same cause !

It may be fair to compute that, when the operation is seasonably performed, life is preserved in four cases out of five.

The axe, the adze, the chisel, the scythe, and the sickle, are the most common implements among those who labor ; and they often inflict wounds, which carry horror and dismay to the hearts of the by-standers, who are ignorant of the means of applying relief. But, in such a case, the surgeon, possessed of anatomical knowledge, who knows where to find a blood-vessel, and how to secure it, is a guardian angel, and brings life and safety in his hands.

During the past year, a mechanic from a seaport town, being on a visit to his friends in the country, trod upon a scythe in such a manner as to cause the point to wound him just below the ear. Notwithstanding the plugging and stuffing practised by the medical attendants, this man died of bleeding on the fourth day, without an attempt being made to tie the great artery of the neck, which probably was wounded.

A woman, in a neighboring State, fell down cellar, and wounded the carotid artery with a broken earthen pot. She bled to death after several days, without an attempt having been made to put a ligature on this artery, which would have been an effectual and comparatively safe method of stopping the bleeding, and which a moderate knowledge of Anatomy would have enabled any resolute practitioner to have performed.

A child, in a town not many miles from the metropolis of Massachusetts, having got a bean in its

windpipe, was suffocated, after several days of great torment and distress. After its death, the body was examined, and, on making a slit into the air-tube, the bean dropped out. A by-stander, not medical, instantly exclaimed, "Why could not this have been done while the child was alive?" The answer to this question can only be found in the humiliating acknowledgment, that the physicians, in whose hands the case had fallen, were ignorant of Anatomy.

A farmer, in the county of —, struck the point of a scythe into the left leg. A violent bleeding was the consequence. A physician in the neighborhood being called to him, stuffed the wound with balsam and lint, and put on a bandagē as tight as possible. The force of the blood, however, was greater than that of the bandage; and the bleedings returned repeatedly, till the patient was nearly exhausted. Then a surgeon well acquainted with Anatomy came, and took the bandages from the limb, which he found mortified around the wound, from the tightness of the bandage. He next made an incision deep in the sound part of the leg, and exposed the wounded artery, and tied it. The bleeding was entirely stopped, and the poor man, though very low, recovered at last, and continued a valuable member of society. This is not a solitary case. We could relate a great number very similar, in which important lives have been preserved, which must have been lost without a very minute knowledge of Anatomy.

With the above, let the following fact of an opposite nature be contrasted:—A late celebrated

teacher of Anatomy, in the early part of his practice, was called upon to reduce a dislocated hip, and, after making several ineffectual attempts, was obliged to abandon the case. He procured a subject, and immediately applied himself to the dissection of the hip joint, and to the study of the muscles and ligaments, by whose agency the bone is retained in its unnatural state of dislocation. Having made himself master of the anatomy of the part, and discovered, as he thought, the cause of his failure, he returned to the dislocated hip, renewed his efforts, guided by a more perfect knowledge, and succeeded to his entire satisfaction.

But, supposing it conceded, that anatomical knowledge is necessary for medical men,—are not the means of obtaining it the same as formerly? We are certain the impediments to this indispensable pursuit are multiplying, and the power of the healing art to promote the health and happiness of the community must be more and more diminished, as these impediments increase.

In the preamble to that celebrated law of the Old Colony of Massachusetts, passed within twenty years of the date of the first charter, providing for the support of common schools, the necessity of this enactment is stated in these remarkable words,—“to the end that *learning* be not *buried in the graves of our forefathers*.” The wisdom of *our* forefathers is now manifest in the general diffusion of common learning, and yet *we*, their descendants, have been willing to suffer a department of knowledge no less necessary to the well-being of society

than common learning, to be burdened with oppressive and unnecessary restrictions, and in a fair way to be buried in the tombs of our fathers.

Until the last ten or fifteen years, some opportunities for dissection have been afforded to zealous and laborious students. The revolutionary war qualified a considerable number of men to act as surgeons;—men whose memory, whose instructions, and whose bright example are still cherished amongst us. Dissections were afterwards privately carried on to keep up the knowledge these persons had acquired in actual service;—though, to a small extent, the late war with Great Britain likewise was productive of some of the same results. So that it may be said, there has been a stock of anatomical knowledge laid up by the enterprising and industrious of the generation who occupy the advanced portion of medical experience, obtained when the laws were less severe, and dissection was winked at, if not countenanced. About the close of the last war, medical schools began to be established in this part of the country, and that alarm began to be excited, which occasioned the Legislature to pass severe laws against the robbing of grave-yards, which had not before been recognized as a crime. This alarm was much increased by several instances of unjustifiable and mercenary removal of the bodies of very improper subjects. And the penalties annexed to our laws have been, from time to time, increased, till it has become scarcely more hazardous to assault the bodies of the living, than those of the dead. It is obvious then, some change must be effected in the present state of our laws;

or present and future generations must fall far beneath the past in one of the arts of life of most common and indispensable importance.

But will not plates and models in wax, and descriptions, suffice for every needful purpose, and answer as substitutes for the actual inspection of the human body? Every person, whose experience in the profession entitles him to an opinion, will say, "*No, they cannot.*" The common observation of mankind convinces them, that plates and models are but poorly adapted to teach a knowledge of any mechanical contrivance of merely human invention:—it is therefore presumptuous to suppose that the physician can, by such imperfect means, attain to a practical and familiar acquaintance with the complicated and wonderful structure of the human frame,—the perfect work of infinite power and wisdom.

If any man wished a very perfect piece of machinery made for a cotton-mill, would he trust an artist who had seen only books and plates on the subject? or if he wished some repairs made, would he think it judicious to employ a theorist, and not a practical man, who had been accustomed to handle such machinery?

Many persons confound the opening of bodies to ascertain the cause of death, and the changes made by disease, with the dissecting of bodies to learn Anatomy;—and express their surprise, that physicians are not contented with the degree of liberty which the good sense of the enlightened part of the community already allow on this subject. But the task of the student of Anatomy is one which re-

quires much patient labor, and for a long time. He has not only to make himself familiar with the form, size, and relative position of the different organs of the body, but likewise to examine their intimate structure,—the course of their blood-vessels and nerves,—the places where these are most liable to be injured by violence, and where they can be most readily secured, tied, compressed, and divided. For this purpose, *he must dissect, follow out, and examine these parts, till he is as familiar with them as with the streets in which he daily walks.* It is this accurate knowledge alone, which can be safely relied upon in cases of danger resulting from wounds and accidents.

Actual dissection, then, of the human body is the only way in which a knowledge of Anatomy can be acquired; and a portion of the bodies of those who die, must be made the subjects of this operation for the benefit of the living. Perhaps it will be said, You can learn Anatomy elsewhere;—go to New York, to Philadelphia, or to Paris;—you will there find ample opportunities for dissection, without violating the feelings or the prejudices of any one. To this we would answer, that the execution of such a proposal would be impracticable to the greater part of the profession. The sons of persons in easy circumstances may indeed command such an advantage. They can cross the Atlantic, and come home rich with the scientific treasures they have accumulated in Europe. But three quarters of the profession are not competent to the charge of a long and expensive journey or voyage. They must obtain what knowledge they are able at

home :—and if they are forbidden the means of acquiring a sufficient acquaintance with the profession, then three quarters of the community must suffer for their ignorance.

Further, we should reply to a proposal of the nature intimated above, by asking, whether a citizen of New England is justified in advising us to go out of our own country to acquire the knowledge of an indispensable profession? How would it accord with our high pretensions to improvements in the instruction of the rising generation?

If dissection is indispensable, then, whose bodies are to be devoted to this purpose? This is the important question :—it ought to be distinctly stated, and fairly answered.

The feeling, with which are regarded the remains of those who have been dear to us when alive, a feeling which belongs to the whole of community, and to physicians as much as to other men,—revolts from any thing that looks like treating those remains with indignity. Ask any man, who has reflected on the subject, if he has any preference as to the mode in which his body returns to its original elements,—whether it be decomposed by putrefaction *in* the ground, or *above* it,—and he will probably tell you, he feels no concern about the disposal of his own inanimate remains, but that his feelings would be harrowed up by the thought, that the bodies of those who had been dear to him should be rudely dealt with. Living friends are the ones whose feelings suffer from the operations of the anatomist; and if this source of distress can

be completely avoided, is not all the valid objection to dissections entirely removed?

The enactments which have been made with a view to protect graves and sepulchres from violation, have been made without any investigation into the wants of the community, and of the medical profession; nor has any inquiry been made as to the practicability of pointing out the class of subjects which are proper to be devoted to the purposes of science. To be sure, the bodies of those who suffer death for their crimes have sometimes been decreed to the knife of the anatomist; and this very circumstance has contributed to render Anatomy odious, without affording a material supply of its wants.

In all our large towns, deaths are continually occurring among a class of persons whose connexion with the sympathies of the living is so slight, that there is no one professing to regret their departure, or willing to show respect to their remains. The number of persons of this description is much greater than might be thought possible in such a state of society as that we live in. In the city of Boston there die annually not much less than a hundred persons who have no relation to mourn for them. Of these, a large part consists of individuals brought to a premature death by vicious excesses. We have repeatedly known of two or three such dying in one day, from continued debauchery and excess:—persons sunk so long in disgusting criminality and licentiousness, that the earth seems to be corrupted by their existence, and relieved from a burden by their departure. Shall we jeopard the best lives in

the community, from a pretended respect to the decaying remains of such as these ?

These insulated and unhappy beings should receive from us, during life, the relief and protection their destitute circumstances require. But when their lives are ended, and their bodies insensible to pain, they are the proper subjects to be devoted to the benefit of mankind. Not that their bodies are to be so used as a punishment, because they are outcasts from society by their crimes or misfortunes :—dissection is not to be made a part of the expiatory penalty of crimes :—it is not to be regarded as a *punishment*, but as an operation on the dead for the benefit of the living ; and on this very account, those laws which permit the Judge to annex dissection to the punishment of death, operate injuriously to science, and rather tend to keep up a horror of Anatomy. But the *unclaimed* bodies of *all* persons who die in the prisons, and different eleemosynary institutions of the country, are the proper subjects of Anatomy,—*simply because the feelings of no living being can be violated* by their dissection ;—and as for the *dead*, all will allow, that it is comparatively of little consequence in which of the various modes adopted by the customs and caprice of mankind, our parent earth receives our bodies. “ If we coolly reflect for one moment, we must admit, that employing the body in the communication of useful knowledge, and preserving the parts with care and respect, for the purpose of transmitting this knowledge to posterity, ought to be more agreeable to every body’s feelings than casting the body into the water, broiling it on the fire, exposing

it to be devoured by beasts and birds of prey, or depositing it in vaults, to putrefy and moulder away;—or even embalming it, which consists in preserving the external form in a frightful and unnatural state. It is a remarkable and instructive fact, that each of these modes of disposing of the body, is venerated by some nations, who would abhor all different modes, as being unfeeling and indecent;—showing that there is no common or natural reason on the subject, but that the customs respecting the dead are arbitrary, local, and irrational.”*

If a law is enacted which simply places a *permissive* power in the hands of those authorities in whose custody these unclaimed bodies remain, it will be placed out of the power of the medical profession to abuse their privilege of dissection; and it will always be competent to overseers of the poor, to prevent any bodies but those of the most proper persons from being delivered over for dissection.

But it is objected, that in almost all instances it will be the bodies of the *poor* which are unclaimed;—and the poor are thus made to bear the burden of the proposed law,—and their feelings ought to be regarded by the philanthropist. In answer to this, we ask,—Is not the poor man, of respectable character, as likely to have relatives, or friends, to claim for his body the rites of sepulture, as the rich? And if a single person, however humble, appears to claim kindred, or connexion, with the deceased, his claim should be respected;—for it is

* Macartney's Lecture. Dublin, 1826.

not the body of the pauper, as such, that is contemplated in the proposed act.

Doubtless the propositions here advanced, will be opposed, and at first view will be revolting to some ; but we are convinced that no man can calmly and considerately reflect on the subject, and not arrive at the conclusion, that it is necessary for the public to make some concession of prejudice to the necessities of the case, and that something must be done to protect anatomical pursuits ; and we have never yet seen any mode pointed out that is more free from objections than the one we have mentioned.

The public must choose between these two things,—the dissection of the dead, or the mutilation of the living. We say the *public* must choose, for it is their affair ; and if they choose the greater evil, physicians will be exempted from a pursuit revolting in its nature, and not unfrequently dangerous, and even fatal to their health, in its consequences ; and their occupation will still remain, if not as laudable and beneficial to community, at least as lucrative to themselves, and even more so ; for ignorance often protracts disease.

Medical men are not so sunk in barbarism as to be willing to cultivate science in a mode to outrage those very natural feelings entertained towards the bodies of those who have been loved and cherished in life. It were better that medical science should be extinct, and medicine relapse into empiricism, than that the just rights of humanity should be infringed, and the condition of honest poverty degraded, to furnish the means of sustaining this science. But with regard to the poor, we believe they

have no better friends than their physicians ; and common experience teaches, that medical men are looked upon by the destitute and distressed in the double capacity of physician and friend. Notwithstanding this obvious truth, and that the medical profession have, in reality, no interests at variance with those of the community, it has hitherto been an easy matter to excite a popular prejudice against the profession, as a body, and to direct that prejudice to thwart their plans of improvement. We believe that practitioners of medicine may fairly be viewed as instruments of good to their fellow-creatures ; and we believe also, that it *will essentially* benefit the *poorer class*, more than any other, to pass a law legalizing Anatomy, and thereby qualifying those physicians, who have in charge the health of the poor, to take upon them the management of their diseases and accidents, with more experience and skill.

Let any large establishment, devoted to the maintenance of the poor, be examined, and it will always be found that there is a portion of its inmates, for whose support the public is taxed, and whose labor is lost to the community, in consequence of unreduced dislocation, and fractures, and other injuries, remediable by surgeons possessing a greater degree of anatomical knowledge than frequently falls to the lot of those who officiate as physicians to the poor. The rich have not the same interest at stake ; for money will purchase skill, at whatever cost ; and there will always be found some physicians, who will, at great expense, and risk, and labor, procure that skill which the rich are willing to pay for.

A few persons are in the habit of asserting that there is, so far as they know, but little difference between the learned and unlearned in surgery. They have known cases of dislocations being reduced, and cures effected by uneducated persons, which excited astonishment. It has been true, no doubt, that a bonesetter has sometimes set a bone which regular surgeons had failed to do ; and it is also true, that they have by laborious manipulations sometimes effected considerable cures. Yet these, when compared with the mass of diseases and operations, which an instructed surgeon is called to treat, and which, in a great number of cases, he treats successfully, are not worthy of being mentioned. They excite surprise and conversation, because they are unexpected. Not being the results of intelligent practice, they seem wonderful and almost miraculous. To these are to be opposed a thousand instances, in which quackery could do nothing. No man, in our community, would call for an empiric, to stop the bleeding of a great artery ; to snatch him from the horrors of a mortification from a strangulated hernia ; or to relieve his child from a deadly lethargy, caused by a fracture of the skull. If the ignorant are more successful than the educated in *medicine*, they must be so in law, and in the mechanical arts :—then all education is useless, and our schools an unnecessary burden.

On the continent of Europe, where the distinction of classes in society is greatest, there is little or no hindrance to the prosecution of anatomical pursuits. The bodies of all who die in the hospitals, and other charitable establishments, are de-

voted to this purpose ; and yet, so perfectly are all classes reconciled to the arrangement, that no poor person is ever known to be restrained from entering these establishments, by fear of dissection after death. In England and in this country the distinction of classes in society is less marked, and a greater degree of intercourse and sympathy prevails between rich and poor. This is indeed the happy result of free institutions : but is it indeed the legitimate consequence that we should be less enlightened, more prejudiced, and more blind to the real interests of those, whom we wish to protect and benefit, than our worse governed fellow-men ? We are accustomed to congratulate ourselves that our country possesses within itself the means essential to our support and happiness. It is manifestly inconsistent with this assertion, and derogatory to our vaunted independence, that we must send our youth abroad, and at an immense expense, to qualify them to exercise a calling of daily necessity, and indispensable importance.

If anatomical science is to be sacrificed to popular feeling, and dissections totally relinquished,—as they are in a fair way to be, if the present state of things is not remedied, and the laws against exhumation go on increasing in severity as they have done,—what would be the situation of the medical department of our army and navy in the event of another war ? The lives and limbs of the brave defenders of our country would be safer any where else than in the hospital or cockpit. We should be carried back, in the retrograde march of ignorance, to the days when the accomplished Sidney, the flower of

the English court and army, lost his life, because no surgeon was then competent to amputate his limb ; or to a period less remote, when the Director General of the American army, quartered at Cambridge, reported a whole regiment in actual service, with no other surgical armament than one pocket-case of rusty instruments. Surely every man who justly estimates the value of health and soundness to the laboring man, will promote the means of qualifying all, who are to practise the healing art, in a knowledge of the human frame, which is alone to be acquired by dissections.

There are other advantages to the community, which arise from the plan of surrendering suitable subjects to the uses of Anatomy, beside those which flow from the increased usefulness of the medical profession. The whole business of body-snatching, with its disgusting and demoralizing consequences, will be effectually done away with. Our public prints will no longer be filled with the horrid details of half-completed robberies of the grave ; and men, otherwise praiseworthy, and highly useful, as medical practitioners, will not be ruined by fine, imprisonment and obloquy, for having too much zeal in learning their profession.

Dissection, once allowed, in the mode we have proposed ;—or otherwise established by law as an occupation not to be visited by disgrace and punishment,—will go on as a thing of course, without excitement and without wonder, and with no more secrecy than decency and propriety require. It is of high moment for those who deprecate the effects of popular clamor, and desire the peace and quiet of

society, to promote the only means, by which the bodies of those who have relations to feel for them, can be secured from daring and desperate resurrectionists.

It is not a small evil, likewise, that the present order of things tends to raise up a band of these villains, who have, in England, reached an alarming pitch of audacity and hardihood. Sir Astley Cooper stated recently, in an examination before a Committee of the British House of Commons, that there was no man in England, whatever might be his rank or consequence, whose body he could not obtain, after his death, if he had a mind to dissect it. And recent horrid events, which have happened there, prove that the hands of these wretches are not always unstained with blood.

From the great mystery with which anatomical pursuits have hitherto been shrouded, there is no subject upon which mankind are more generally and more profoundly ignorant than in regard to a knowledge of the structure of their own bodies. This ignorance is one of the principal reasons why they are so readily duped by the pretensions of quacks and impostors, who undertake to perform what an anatomist knows to be physically impossible. Imaginary dislocations and fractures, cured by reductions equally fictitious,—the fallacy of which a very little knowledge of Anatomy will serve to detect,—constitute the groundwork of the reputation of half the bonesetting quacks in the country. If dissection shall ever become a legalized pursuit, Anatomy will be a popular study, not only with professional men, but with all who are interested in scientific pursuits, or even governed by common curiosity.

The want of a knowledge, which must be spread through the community, if popular lectures upon Anatomy were as common as those upon Astronomy, and other branches of natural science,—is sensibly felt on many important occasions. In our courts of justice, it is not only necessary that the physician, called to the stand, to give a medical opinion as to the cause of death in a case of suspected violence, or poisoning, should have clear and definite views of the anatomical structure of parts, but the court and the jury need to partake in this very knowledge. Most medical men, who have been called to give evidence upon such occasions, will testify that it is a difficult matter to make themselves fairly understood by the bench, the bar, or the jury. In the Coroner's court of inquest, this deficiency of anatomical knowledge impedes the administration of justice in a still greater degree. Legal medicine is a science which, in an eminent degree, involves the life, property and reputation of persons accused in courts of justice: and to render this science truly the organ of justice, and prevent its being perverted to aid the cause of error, its foundation must be laid in minute Anatomy.

At the present time, the medical profession is looked upon with a great degree of interest by the extra-professional part of community. Our means of knowledge, and sources of skill, are such as can be inquired into and canvassed by all; and the days in which physicians performed the part of jugglers are gone. Mystery and jargon are laid aside, with flowing wigs and gold-headed canes. Physicians now speak an intelligible language; and

have a community of sympathy and feeling with those around them. From this results a better acquaintance, among all classes, with the means of preserving health, and with the soundest methods of physical education. There is but one thing more wanting, to make this correlative influence of medical science one of its most distinguishing honors, and one of the greatest blessings it has conferred upon society. Let Anatomy no longer be viewed with horror, but be allowed to form a part of the education of every well-informed man, and the advantages we speak of will be completed,—the standard of knowledge will be raised. Physicians must be better informed, because the public is better informed. The criterion of medical talent among reading and inquiring, and, consequently, enlightened people, out of the profession, will grow more and more just; and the weakness, ignorance, and prejudice of mankind will not so readily afford stepping-stones to employment for the incompetent and unprincipled.

We think it must be clearly seen that physicians have, by no means, the greatest *pecuniary* interest in any measure which may tend to improve the knowledge of the profession, by legalizing Anatomy. The public alone are to be gainers in a pecuniary point of view. As *much* profit, to say the least, will accrue to the physician while the standard of knowledge is mean, as while it is elevated; and as much money may be made by bad practice as by good.

Let the reflecting and well-instructed people of New England take a fair and distinct view of this

subject. On the one side, it will appear that they imperiously call on the medical profession for a competent skill in their science ;—and on the other, that they prohibit the means of acquiring it by most severe penalties. What remark would they make on such a state of things ? We may reply with confidence, that they would tell us, ‘ We see and admit the importance of Anatomy ; we realize the difficulties you describe ; but we are unable to remove them. The prejudices of the community are against you. We cannot venture even to broach this subject among the people, lest we should incur odium and unpopularity. We admit that a dead and decaying body can be interesting only, where there are friends or relations, whose feelings and sympathies are associated with the sacred relics : but if we propose, that the bodies of those who have no relatives be made subjects for the study of Anatomy, we shall be accused of being willing to violate the remains of the poor and friendless, who have none else to protect them.’

It must be allowed that such remarks are natural in our state of society, and worthy of all consideration ; and, on examination, they would lead us to the following reply. ‘ You are not willing that the study of Anatomy should be prosecuted in this part of the country, and you are willing to take to yourself and your family the consequences of the ignorance of the medical profession. You are willing, rather than to violate, or attempt to rectify an acknowledged prejudice, that the lives of those most dear to you should be put in unnecessary hazard. You are ready to submit yourself to the hands of an

ignorant, blundering surgeon, in case of accident, rather than to run the risk of clashing in *opinion*, and encountering the *prejudices* of those around you. In case you were, when travelling, thrown from your carriage, and seriously injured, you would be prepared to submit yourself to the first comer, however inadequate he were to restore you; and you would allow him to amputate your limb, when, perhaps, it might be saved by a surgeon who knew how to tie a wounded artery, and stop a dangerous bleeding.'

To this it would be answered, 'Oh, no,—you misunderstand me. I have no notion of allowing myself to be mutilated by quacks and ignoramuses. Rather than endanger my life or my limb, I would pay a hundred, or even five hundred dollars to get a good surgeon from a distance. No, no; if the people choose to put up with *pretenders*, let them do it, I shall have nothing to do with them.'

The natural reply would be this. 'Your resolution is perfectly just, so far as it regards yourself: but what is to be done with the poor wood-cutter, whose limbs are crushed by the falling of a tree; or the artisan, who is wounded by his axe, or chisel? They are unable to pay a hundred dollars to get a competent practitioner, and therefore *they* must consent to be mutilated for life, by a barbarous and unnecessary operation.'

Surely every one who has a real sympathy for the feelings of the poor, and a sincere desire to mitigate their sufferings, would repel, with indignation the suspicion that he was willing to subject his poor neighbor to a hazard, from the mutilations of

the ignorant, to which he would not for a moment think of exposing himself. Yet such is the inevitable consequence of the present state of anatomical study in this Commonwealth; and there is no reason to believe that this state of things will improve, unless the enlightened are bold enough to undertake to dispel the prejudices of the ignorant.

To those who love the country of their nativity, and who are disposed to give it a high rank in the scale of intelligence and improvement, it is mortifying that one great and useful profession should be borne down by a prejudice which other communities have dispelled. The study of Anatomy is pursued with perfect freedom in most of the great States and cities of this country. In New York, in Philadelphia, in Baltimore, in Charleston, S. C., there are no unnecessary impediments to a free and full acquirement of anatomical knowledge; and great sums of money are carried to those States where it is permitted, from those in which it is discouraged. Nor, probably, would this feeling of hostility to anatomical pursuits exist in the degree it does here, had it not been encouraged by severe laws, and excited by proclamations and publications, setting forth its horrors in the most alarming and exciting language.

Is it not time for our well-instructed editors, our legislators and magistrates, to break off the shackles of prejudice and superstition from the community under their influence, and to give them those liberal views that are becoming the philosophic and philanthropic spirit of the age?

We are aware, that if our wishes are ever realized, an increased burden will be thrown upon the profession,—and the practice of physic is already no sinecure. The road to eminence, in which all hope to travel, is the rugged, toilsome path of labor and endeavor : it has no bowers of ease and luxurious reclining. The physician will receive no immediate personal benefit by superadding to his present labors the additional one of anatomical dissections ; for this every physician must do, to keep pace with the improvement of his profession. But he will reap an ample reward in seeing the true dignity and respectability of his profession advanced, and its beneficial influence upon the health and happiness of the human race abundantly increased.

A. L. PEIRSON, JOHN C. WARREN, WILLIAM INGALLS, GEO. C. SHATTUCK, JOHN WARE, NATHANIEL MILLER, JOHN BROOKS, JOHN D. WELLS, NEHEMIAH CUTTER,	}	Committee.
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Boston, Dec. 1829.

No. 6

Acts of incorporation
and
By-laws and Orders
of the
Massachusetts
Medical Society

Boston
1837

Removed to the file
on + 7737.5



W Channing M.D.
77 $\frac{5}{10}$

R E P O R T

OF THE

EVIDENCE IN THE CASE

OF

JOHN STEPHEN BARTLETT, M. D.

VERSUS

THE MASS. MEDICAL SOCIETY,

AS GIVEN BEFORE

07082-10

A COMMITTEE OF THE LEGISLATURE,

AT THE

SESSION OF 1839.

PRINTED UNDER THE DIRECTION OF THE CHAIRMAN OF THE COMMITTEE,

BY ORDER OF THE HOUSE.

Boston:

DUTTON AND WENTWORTH, STATE PRINTERS.

.....

1839

Commonwealth of Massachusetts.

HOUSE OF REPRESENTATIVES, March 7, 1839.

Ordered, That Messrs. STONE, of *Beverly*,
HINCKLEY, of *Barnstable*,
GREENE, of *New Bedford*,
CUSHMAN, of *Bernardston*,
SMITH, of *North Bridgewater*,
PRATT, of *Middleborough*,
RIX, of *Marblehead*,

constitute a Committee on the Memorial of John Stephen Bartlett,
M. D.

L. S. CUSHING, *Clerk*.

Commonwealth of Massachusetts.

HOUSE OF REPRESENTATIVES, April 10, 1839.

Ordered, That the report on the petition of John Stephen Bartlett, be printed under the direction of the Chairman of the Committee, and that the subject of the said petition be referred to the next General Court.

L. S. CUSHING, *Clerk*.

R E P O R T .

THE Committee to whom was referred the Memorial of John Stephen Bartlett, M. D., praying that the charter of the Massachusetts Medical Society "may be declared void, and that he may obtain such redress of his grievances" as the Legislature "alone can afford," ask leave to state, that they have, with unwearied patience, and with much exposure of health by protracted night sessions, attended to the investigation of the subject. Ten meetings were held. The first and second were preliminary. The third was devoted to Dr. Bartlett's opening. The fourth, fifth, sixth and seventh were occupied in hearing testimony introduced by him. The eighth was a meeting for consultation merely. And the ninth and tenth were improved by the respondents. The subject was thus closed, but the parties having stated, that they had other testimony which time did not suffice them to introduce, nor the Committee to hear, the chairman was directed by the unanimous voice of the Committee, to report the evidence in the case, as presented, rather than express an official opinion on its merits. The testimony is written out from copious notes.*

* Before placing the manuscript of this report in the hands of the printers, the testimony of the principal witnesses was submitted to them for examination, viz.: Drs. Bartlett, Walker, Lewis, Jackson, Reynolds, Pierson, Briggs, and Mr. Dutton. They severally expressed their approbation of its correctness. Time and circumstances prevented its submittal to the other witnesses.

MARCH 12, 1839.

Committee met in Lobby No. 11, for primary consultation. Directed the chairman to report an order of notice for the appearance of the Massachusetts Medical Society, 20th inst., to show cause why the prayer of John Stephen Bartlett, M. D., should not be granted.

Adjourned.

WEDNESDAY, March 20, 1839.

The Committee met pursuant to adjournment. All the members present.

The following gentlemen appeared as a committee in behalf of the Massachusetts Medical Society, viz: Drs. *James Jackson, George C. Shattuck, Rufus Wyman, John Homans, S. D. Townsend.*

Peleg Sprague, Esq. appeared as council for the Massachusetts Medical Society, and entered the following protest against further proceedings in the case :

To the Honorable the General Court of the Commonwealth of Massachusetts :

Respectfully represent the Massachusetts Medical Society, that they were incorporated by an act of the General Court, passed in the year 1781, and were duly organized, and have ever since continued a body corporate under said act: that on Thursday, the fourteenth day of March, instant, their president was served with a copy of the petition of John Stephen Bartlett, and of the order of the General Court thereon, that they should appear on this twentieth day of March, to show cause why their charter should not be declared void. And now the said Massachusetts Medical Society, with entire and profound respect for the General Court, suggest to your honorable body, that no power is reserved in and by said act of incorporation to annul, alter, or in any manner to affect the same; and said society hereby most respectfully

object and protest, that the honorable the General Court have no power to annul, or alter, or in any manner impair the charter of said society, and against the exercise or attempted exercise of any such power. And said society interpose this objection and protest from a solemn sense of duty to their founders and to posterity, lest any acquiescence now should be drawn into precedent hereafter, and not from any want of entire confidence in the present General Court, or any reluctance to meet the said petition or application of said Bartlett. And if the honorable the General Court shall overrule this objection and protest, and, notwithstanding the same, require the said society to answer to said petition or application of said Bartlett, they will hold themselves in readiness to do so at the earliest practicable time, not, however, waiving, nor in any manner impairing, this objection and protest.

Boston, March 20, 1839.

JAMES JACKSON,
GEO. C. SHATTUCK,
RUFUS WYMAN,
JOHN HOMANS,
S. D. TOWNSEND,
A. L. PEIRSON,

Committee.

The Society did not, Mr. S. remarked, by entering this protest, wish to be understood as desiring to evade or elude investigation, if the Committee thought proper to pursue it. They were ready and willing to go into a thorough examination of the affair. They put in this protest chiefly to maintain a reserved right, to be availed of in future, if found necessary.

Mr. Sprague suggested that the order of notice had been unusually short, the ordinary time for notifying corporations being not less than thirty days—that he consequently had found no time to prepare for the investigation. He thought Friday as early a day as he could proceed. The supreme court being now in session, his attendance there was unavoidable. If the Committee held another meeting at an earlier day, the Medical Society would be compelled to seek other council—and whether, at this moment, they could obtain it, was doubtful.

Dr. Bartlett said he was anxious to proceed without delay. He had his documentary evidence with him, and was prepared to prove every charge he had made in his memorial. It was important to him that no interruption should take place. The session of the Legislature was drawing to a close. If laid over, he might never obtain a hearing. The next Legislature might not be sufficiently honest to grant him one. He was here without council, a friendless, unaided man. He had not means to protract the issue. He had suffered in his feelings and interests, and wished the Committee to afford him an opportunity to obtain justice. He did not ask this as a boon; he demanded it as a right—not for himself merely, but for the public. He wished expedition in the case, as some of the documents necessary could not be kept by him long. They must be in France in three months.

Mr. Sprague said he knew nothing of Dr. Bartlett's grievances; nor were they the question now under consideration. The question was concerning the charter of the Massachusetts Medical Society. The society certainly had a grievance. The annulment of its charter was demanded. He should confine himself to that. Against the demand to annul, the protest was entered. At this

time he should go no further. He should not meddle with Dr. Bartlett's grievances, unless compelled to. If compelled, he should do so at some future time. The Massachusetts Medical Society did not wish to avoid investigation. He asked only time to fulfil other duties in court. If this was not granted, he could not appear for the society.

Dr. Bartlett acceded to the wish of Mr. Sprague, and desired the Committee to ask leave to sit while the Legislature was in daily session.

In private conference, on motion of Mr. Hinckley, *voted*, that the protest of the Massachusetts Medical Society is not a valid objection to a hearing of the case. Adjourned to meet Friday, at 3 o'clock, P. M.

MARCH 22, 1839.

Committee met according to adjournment. All members present.

Dr. Bartlett opened his case. He said he proposed to offer evidence to show :

1. That Harvard College has a right to confer certain privileges ; that among these, is the right of consultation, without referring to any body of men ; that this right is inalienable, whatever may be the subsequent conduct of the individual upon whom it was conferred.

2. He should prove that Harvard College, as a corporate body, possesses certain rights which the Massachusetts Medical Society contravenes, and that the Legislature is not authorized to confer the power it has upon the Massachusetts Medical Society.

3. Even admitting that the charters of Harvard College

and the Massachusetts Medical Society were or are compatible, he should prove that the Medical Society had not fulfilled the purposes for which it was instituted, that its officers have failed to discharge their duty, and that the society has not complied with the terms of its charter.

4. He should show that the effects of the Massachusetts Medical Society had been injurious to society ; that it has imposed a yoke grievous to be borne, and that young physicians have suffered from its influence.

5. He should show that the Medical Society in its influence tended to promote quackery.

6. He should show that the Massachusetts Medical Society prohibits consultation with any who do not become members of that body.

7. He should show, that in recommending a certain individual to public notice and patronage, in the Boston Pilot, he did it as an editor and not as a physician ; and that the individual was a regular practitioner as an oculist.

8. He should show, from a great variety of circumstances, that his memorial to the Legislature is based in a sincere desire to promote the welfare of society. He was not opposed to a Medical Society, but was opposed to *the* society. He was not actuated by wrong feeling in this matter. He did not view it merely as a personal affair, but as one in which the public interest and welfare was involved.

9. He should show that he was selected as an object of judicial operation by the society, for recommending as an editor a certain individual whom he believed a public benefactor ; that when asked to retract his statements, he declined, and that when told by some member of the Medical Society, that if he persisted, he would be ex-

pelled; he declared he did not care—he should speak what he believed to be the truth, let what might be the result. He should further show, that he impeached Dr. Waterhouse, before he (Bartlett) was expelled from the society, for recommending a notorious quack; but that he was not dealt with according to the letter of the 8th by-law.

Dr. Bartlett requested the Committee to obtain leave to send for persons and papers, and also to sit during the regular sessions of the House.

The Committee decided that the future must determine their course in regard to that.

Mr. Dexter, for the Committee of the Massachusetts Medical Society, read a paper asking the Committee to require of Dr. Bartlett specific charges in writing. The Committee decided that Dr. Bartlett might go on to adduce evidence of the allegations in his memorial; but that if he introduced any *new* charges, they must be specifically stated in writing.

Adjourned to Saturday, A. M., 8 o'clock.

MARCH 23, 1839.

Committee met pursuant to adjournment.

Benj. F. Hallett, Esq. appeared as council for Dr. Bartlett.

Dr. Bartlett was called up and sworn on the Holy Evangely. Examined by Mr. Hallett.

Hallett. Are you a doctor of medicine?

Ans. I am. I received my degree of Harvard College. Received my diploma Jan. 23, 1831.

Hallett. Was you regularly admitted a member of the Massachusetts Medical Society?

Ans. I was. I was admitted in ———, 1833, and expelled in May, 1836.

Hallett. What were the privileges which that society conferred on you

Ans. Aid and assistance in consultation. Since my expulsion I have been refused this.

Hallett. What would now be the effect in a critical case under your care?

Ans. A member of the Mass. Medical Society could not take charge of it unless I was discharged. If he did, he would be exposed to censure, and, in repeated cases, would be expelled. This is my own experience. I have been refused consultation in one case, because the by-laws of the Mass. Medical Society prohibit it. Indulgence could be obtained of the society by a member, to consult with one not belonging to it, if he made the request, by representing the case as one involving life.

The Medical Society has upheld a member in consulting with an irregular practitioner, because the person proposed to join it. Dr. Peirson, of Salem, so consulted with a physician in Ipswich, who was not a member of the Mass. Medical Society. He was excused. Dr. Peirson holds a high rank as a professional man. This consultation was in the early part of 1836.

Hallett. Dr. Bartlett, please state to the Committee the first movement of the Mass. Medical Society for your expulsion, and the causes which led to it.

Dr. Bartlett. The first steps taken for my expulsion were in consequence of an article published over my initials, "J. S. B." in a newspaper printed in this city, called the "Boston Pilot," of which I was joint editor. It related to a person by the name of Williams, a professed oculist. The article is as follows:—

"MR. JOHN WILLIAMS, THE OCULIST. We abhor QUACKERY in all its forms—in medicine, religion, politics, or any thing else; and we never will be backward in exposing it wherever it may be found. As we define the word, it signifies ignorant IMPOSTURE; and, as such, it and its professors should be held up to the contempt and indignation of an injured and insulted community. But as our business is chiefly to speak of that sort which falls under our more especial notice, viz. medical quackery, we shall confine our exordium to a few remarks upon this. In the first place, it is by no means essential that a quack should be distinguished by the *absence* of a diploma, for we must say, in sorrow and shame, that some of the most flagrant instances of sheer quackery we ever witnessed, (and our opportunities of observation, since we received the degree of M. D. at the age of 18 years, have not

been very limited,) have occurred among duly authorized members of our profession. It is of no use to disguise facts—they are stubborn things; and although, in penning this article, we foresee the anathematization to which its publication will subject us for our candor, yet, as we are under no remarkable obligations to the professional elite of the city, with a few honorable exceptions, and most certainly under none whatever to the proteges of said elite, we shall speak our mind very plainly.

We, in common with every body in the city who can read, had seen a great deal in the daily journals about the gentleman whose name heads these remarks; and we observed a disposition in several papers to vilify him, which, as far as we could judge from the tenor of the paragraphs in which it was manifested, emanated from a portion of the source above referred to. Well, we were determined to see for ourselves, and accordingly called on Mr. Williams, and half an hour's conversation fully convinced us that there was nothing like quackery about him, so far as regards his knowledge of his profession, or his personal skill. As to his manner of announcing his residence in the city, it certainly is unusual in this country; but we do not know how any other method could have the desired effect of extending the information so effectually, in so short a period of time. Mr. Williams, we repeat, is no quack. He confines his attention exclusively to those diseases of the eyes and ears which are curable without surgical aid; and the number of these is much greater than one would suppose. To the truth of this last remark, the result of our own practice has often borne ample testimony. Whenever a surgical operation is requisite, Mr. W. immediately informs the patient of the fact, and recommends application to a surgeon.

But more than this, we have examined several of his patients, and some of them too who had received any thing but benefit from hands heretofore thought almost omnipotent in diseases of a like character. Now the evidence of our senses amounts to this simple fact—we have seen people who were blind, or nearly so, and who had tried in vain every means of relief to be obtained here without success, restored to sight in an incredibly short space of time, without the aid of surgery. Several cases of pterygium and albugo were remarkable on this account. Mr. W. is the author of a valuable work in the French language, on the structure and diseases of the eye, which, had space permitted, we had intended to review.

The sum of our remarks is this, that Mr. W. has acquired a degree

of perfection in the management of the distressing class of diseases, to which he confines his attention, which has never to our knowledge been equalled, at least if the official reports of the comparative number cured or relieved in the principal eye infirmaries in this country or in Europe are to be relied on. That the principles upon which he founds his treatment, are identically the same with those maintained by the most distinguished professors, and that the only difference in the results of the separate methods of treatment is, that he effects in a few days, objects which usually require months and perhaps *years* for their fulfilment.

He indeed keeps his remedial agents a secret, and he would be a great fool if he did not, until he had acquired an independent competency for himself and his family, as a reward for his labor.

The world is not generally so grateful as to give a man more coppers than kicks for what good he may do it. After it has starved its benefactors, it is very ready to console their widows and orphans by piling some dozen tons of granite over their last home; the cost of which if it had been given them in their lifetime, would have smoothed the path to that grave, where they would lie quite as easy without a monument to remind others of the spot. We therefore think, that Mr. Williams acts in this, the part of a prudent man, particularly as his services are gratuitous to the poor under all circumstances. We suppose his remedies will be made known to the world some time or other, and conclude by saying, that if we ourself were affected with disease of the character referred to, we would rather (M. D. as we are,) have our sight *restored* by Mr. Williams *without* a diploma, than after getting our eyes *put out*, to be informed, that the gentleman to whom we were indebted for this friendly service, had a waggon load of diplomas from all the universities and societies on the face of the earth, and could affix the letters of a dozen alphabets to the end of his name.

(Signed.)

J. S. B."

"We can only add to the remarks in the above article, that every day's observation since it was written, has confirmed the opinion therein expressed, as regards the success of this gentleman to whom it refers, and the fact, that out of more than one hundred and forty cases which we have rigidly scrutinized, that one hundred and thirty-eight are relieved, and more than seventy cured; of which last, nine were at the time of application to Mr. W. *totally blind*; and the major portion of the whole number had been under the most skilful treatment to be obtained in New England, without receiving benefit. In no sin-

gle case have we heard an expression of dissatisfaction at his treatment, but on the contrary, the most enthusiastic expressions of gratitude. We had written a larger notice, but have no space to say more.

(Signed.) J. S. B."

Hallett. Did you write that article as a Fellow of the Mass. Medical Society, or as an editor?

Ans. As an editor.

Hallett. Are the facts therein stated true?

Ans. They are. I could not as an honest man refuse to make these facts known.

Hallett. Could you conscientiously retract this statement at any subsequent time?

Ans. I could not.

Hallett. Have you evidence of Dr. Williams' standing and medical character?

Ans. Yes. I have his diploma and various papers received by him in Paris and elsewhere. These documents satisfied me of his regular standing as an oculist, before writing the article in the Pilot concerning him.

Hallett. What took place after the publication of the article concerning Dr. Williams?

Ans. One or two days after, Drs. J. B. Flint and Winslow Lewis, Fellows of the Mass. Medical Society, cautioned me of my danger. A few days subsequent to this, I was notified to meet the Boston Medical Association, of which I was a member. This is a voluntary association, to regulate the intercourse and fees of its members. It is not a corporate body. Its members belong to the Mass. Medical Society. None but members are allowed to attend its meetings. The notice I received was of ordinary character, though I found its object was special. I was impeached before this body by Dr. Storer, and subsequently expelled. The charges preferred against me were, consulting with irregular practitioners, and aiding and abetting quacks. These charges referred to my intercourse with Dr. Patrick Kearney and Dr. Williams. The charges were referred to a committee.

After my expulsion from the Boston Medical Association, I was summoned by notice, to appear before the counsellors of the Mass. Medical Society, to answer to charges of having violated the eighth article of its by-laws, by aiding and abetting quacks or irregular practitioners. I appeared, and justified the course I had taken as well as I

could. I had abundance of time allowed me for my defence. There is no rule of the society by which I could compel a Fellow to give his testimony. I think the tendency of the society's operations unpropitious. In my opinion, its influence would have ruined any young man who should have aided me at my trial. The counsellors decided to submit the case to the society at large, which was done in May, 1836. A report of my trial is contained in the Boston Medical Journal, of June 8, 1836. This report I consider full and impartial.

Question by Mr. Greene. Do you rely upon the language attributed to Dr. Peirson in that report as proof of the charge contained in the tenth allegation of your memorial?

Dr. Bartlett. I do. I consider the words used by Dr. Peirson as there reported, to contain substantially the meaning which I have attributed to them.

The effects and influence of my expulsion have been highly injurious to my character and prospects. Medical gentlemen have refused to consult with me, and I have lost prospective practice. My degree from Harvard College has been of no service to me since my expulsion. I have now no right which any loafer may not enjoy. My diploma is of no use to me here. The influence of the Medical Society is to crush a man down, and render him worse than dead. Since my expulsion, I have received attentions from members of the Mass. Medical Society as a gentleman, but not as a professional man. I find no difference of deportment in the former case; in the latter, I do. I have had to struggle to sustain myself. I have had no wealthy friends upon whom I could lean. I received nothing as a compensation for my services as an editor of the Pilot. I rely upon my professional services for support. I find it necessary to follow other pursuits for a livelihood. No complaint of mal-practice was ever preferred against me; but I have received many second-hand compliments for professional skill. I know of none who ever impeached my medical practice.

There is a by-law of the Mass. Medical Society which makes it unlawful for a member to offer to cure disease by the use of a secret medicine. He is bound to make known all his discoveries in medical science for the general good. There is no division of fees among the members of the society. Each receives and enjoys his own. The fee-bill is local in its laws and operations.

A young man must join the Mass. Medical Society to be received and enjoy consultation, unless he is a graduate of the Medical School of Harvard College. It is the same with any distinguished foreign

medical gentleman, unless he is an honorary member, or is remaining here transiently without design to practice. A young man, by receiving a degree from the Medical School of Harvard College, has the privilege of consultation. If he joins the Mass. Medical Society and is expelled, he loses that right. I was induced to join the Mass. Medical Society from a desire and supposition that it would promote my own and the general good. I tried to induce Dr. Kearney to join the Mass. Medical Society, but thought he must be first naturalized. Dr. K. did not wish to put himself under restrictions. He is a man of independent feelings. Dr. K. was a regularly educated practitioner in his own country. The catholic community prefer one of their own faith for their physician, that, in cases of the apprehended death of children before they can be taken to the church for baptism, or a priest can be sent for, he, (the physician,) may perform the rite according to the usage of the church. I explained this to the Medical Society. Adjourned.

MARCH 26, 1839.

Committee met according to adjournment.

Dr. Bartlett cross-examined by Mr. Dexter.

Dexter. Dr. Bartlett, were you familiar with the 8th by-law of the Mass. Medical Society, (just read,) when you were admitted a member?

Ans. I was not. I had read it, but did not think much of its prohibition. I imagined it had allusion only to quacks, and not to those who had diplomas from other States, regularly educated foreigners, &c. On my oath, I did not think the first clause to apply to regularly educated foreigners.

Dexter. How did you understand that language?

Ans. Not as I now do.

Dexter. When did you join the Mass. Medical Society?

Ans. In 1833.

Dexter. Did you not then think the 8th by-law applied to foreigners?

Ans. I did not at that time.

Dexter. When did you take your degree?

Ans. In 1831.

Dexter. You signed the by-laws when admitted a member of the Mass. Medical Society, did you not?

Ans. I did. I did not take the trouble to read them before signing.

Dexter. Did you know Dr. Williams was an irregular practitioner when you wrote the article in the Pilot?

Ans. I did not. Williams said he did not wish to be called Dr., as he was professedly an oculist and aurist.

Dexter. Was you notified by the society that you was violating the by-laws by recommending Williams?

Ans. I was.

Dexter. Did you not then desist?

Ans. I did not. I did not consult with Williams as a physician. I visited him, but not as a consulting physician. I never visited with him but twice, and then not as a physician.

Dexter. Do you know Williams's secret remedies?

Ans. I do not. I wish I did.

Dexter. Are you acquainted with the case of Mrs. A. Plummer?

Ans. Cannot say I am.

Dexter. Do you not recollect a female who came up from Salem to obtain help from Williams?

Ans. I do not.

Dexter. Can you tell by examining the eye whether it is under paralysis?

Ans. Can generally.

Dexter. Have you seen such cases cured?

Ans. I saw one in New York greatly relieved by Dr. Williams. I saw the woman in September last; she then could discern nothing distinctly. I saw her a few weeks since, and she counted my fingers. I saw Dr. Warren cure a similar case, to the same extent, by burning down in the neck. I produced my own testimony to the Medical Society as proof of Williams's skill, and offered more.

I did not ask any one to aid me at my trial. Several gentlemen spoke in palliation of my offence, but did not defend me. I was courteously treated at my trial, and have no cause to complain.

Dexter. State what *facts* you have from personal observation, that, if any young man had come forward to aid you at your trial, he would have been ruined?

Ans. I was told so frequently. Heard so miscellaneously. Recently informed so by a counsellor of the society. This was his opinion. Drs. Lewis, Flint and Smith, at my trial, spoke in palliation of my offence. They suffered in consequence. Dr. Lewis was removed from the chair of demonstrator of anatomy in Harvard College, and subsequently from the office of consulting surgeon at the Mass. General Hospital, as I believe, for the part he took at my trial.

Dexter. Did Dr. Smith suffer?

Ans. No, because the city, not the society, paid him. I wanted to get out of the society, and told them so. I requested to withdraw from the Boston Medical Association.

Dexter. When, where, and by whom was it said that "the laws of the Massachusetts Medical Society do not recognize the sentiment, that a regard for morality and the general good of mankind is in any wise incumbent on its members; and that its members are bound to obey the by-laws of the society without reserve, even though the sacrifice of human life be the consequence?"

Ans. It was said, at the time of my trial, by Dr. Abel L. Peirson, of Salem. I thought at the time this language was a part of the by-laws of the Mass. Medical Society. I afterward found my mistake. I contemplated, when Dr. Peirson uttered these words, to do what I am now doing. I make the deduction that this is the spirit of the by-laws, from what Dr. P. said. I did not state this in my letter to the society. I purposely reserved it.

Dexter. In reply to this part of Dr. Bartlett's testimony, I will here read, with the permission of the Committee, a certificate from Drs. Warren, Hale and Homans. It is as follows:

"The undersigned certify, that they were present at the impeachment, trial and expulsion of Dr. J. S. Bartlett from the Mass. Medical Society, at their annual meeting in 1836, and heard the remarks made by Dr. Peirson in reply to Dr. Bartlett, and that there was no such language or sentiment expressed by Dr. Peirson on that occasion, or any other within their knowledge, as those which are imputed to him by Dr. Bartlett in his petition to the Legislature.

Boston, March 18, 1839.

JOHN C. WARREN,

President in May, 1836.

ENOCH HALE,

Cor. Sec'ry at the same time.

JOHN HOMANS,

Rec. Sec'ry at the same time.

Dexter. Dr. Bartlett, do you think any members of the Medical Society were actuated by unfriendly feelings at the time of your trial?

Ans. I think one individual was; Prof. Roby, of Bowdoin College. In his report of my trial he appended as a note, a quotation from Milton, intended as I thought, to ridicule my person. I wrote him about it, but obtained no satisfaction.

[The passage was read, which is as follows :

“ But he his wonted pride
 Soon recollecting, *with high words, that bore*
Semblance of worth, not substance, gently rais'd
 Their fainting courage, and dispelled their fears.
 Then strait commands that at the warlike sound
 Of trumpets loud and clarions be upreared
 His mighty standard ; that proud honor claimed
 AZAZEL as his right, *a cherub tall :*
 Who forthwith from the glittering staff unfurled
 The imperial ensign, which full high advanced,
 Shone like a meteor streaming to the wind,
 With gems and golden lustre rich emblazed,
 Seraphic arms and trophies : *all the while*
Sonorous metal blowing martial sounds.”]

Dexter. What inference do you draw from the application of the term Azazel to yourself?

Ans. That Milton did not understand Hebrew so well as myself; and that in making use of that word in my defence, (the word signifying the “scape-goat” upon whose head the high priest laid the sins of Israel, and sent him forth into the desert,) I meant to convey the idea, that I had no wish to bear off the accumulated sins of the Mass. Medical Society upon my own solitary shoulders.

I admit that the society acted in good faith in expelling me, under the by-laws. I told the society, I should persevere in violating the by-laws whenever I thought the good of mankind required. I would not violate my conscience or my religion. Dr. Shurtleff has given his sanction to quack medicine. I am not opposed to medical societies. I would not have quackery encouraged. I lost my practice among protestants in Boston, Salem and Marblehead, by my expulsion. I could not obtain a surgeon's post in the United States service, in consequence.

Dr. Bartlett said he wished to lay before the Committee, the diplomas and other testimonials of Dr. Williams, but as they were in some confusion, to save time, he would, before another meeting, arrange them in their proper order for presentation.

Dr. Lewis asked permission to state, that he did not believe there was any connexion between his having taken an interest in Dr. Bartlett at the time of his trial, and the loss of his office as demonstrator of anatomy at Harvard Medical College. Adjourned.

MARCH 29, 1839.

Committee met according to adjournment.

Dr. Bartlett cross-examined by Dr. Peirson. I was refused consultation by Dr. Briggs, of Marblehead, in consequence of my expulsion from the Mass. Medical Society.

Hallitt. Have you been refused consultation generally by the Fellows of the Mass. Medical Society, in consequence of your expulsion?

Ans. I have. Dr. Briggs refused for that reason alone. I have had but few occasions to consult. I had once to send out of town to obtain assistance in a surgical operation, of one who was not a regular practitioner. In many instances, when I needed advice I could not have it, because the physician could not consult with me consistently with the requisition of the by-laws.

Dr. William J. Walker, of Charlestown, sworn and examined. I am a member of the Mass. Medical Society. I have been present at most of the society's meetings, and have read the report of Dr. Bartlett's trial in the Medical Journal. The report is substantially accurate. The charges of consultation with Drs. Kearney and Williams, but chiefly the latter, and the article in the "Pilot," operated to produce Dr. Bartlett's expulsion. I think the letter of the society's by-laws have been violated by members. Dr. Waterhouse recommended the Thompsonian practice, and Dr. Samuel Shurtleff has recommended Mrs. Gardner's Pulmonary Balsam. I have myself violated the by-laws, but have never been called to account. The report to the counsellors in 1836, on the eighth by-law, explains the view of the society touching its infraction.

I opposed Dr. Bartlett's expulsion. A reporter was permitted to take notes of his trial. The meetings of the society are open while a discourse is read. The business is transacted only by members. I have seen such as were not Fellows present at annual meetings. I have known the president notify the company present, that the society were engaged in the transaction of business, and to request those who were not Fellows to retire.

The Mass. Medical Society was opposed to the incorporation of the Berkshire Medical Institution. A member of the latter could not at first become a Fellow of the former. This disability is now removed. Some M. D's. are not skilful practitioners. M. D. is evidence of having gone through a regular course of medical study. The Mass. Medical Society has no power to examine students from Harvard College and the Berkshire Medical Institution. Physicians coming from out

the State, are admitted on producing their diplomas, and exhibiting evidence of having been through a course of education as thorough as required by the Mass. Medical Society. A young man would find himself unpleasantly situated who did not become a Fellow of the society. He could not command the confidence of his patients, and they would seek other assistance. I consider recommending Dr. Thompson as really a violation of the by-law as recommending Williams. I think had Dr. Waterhouse been expelled, he would have written us down a good deal. It is injurious to a young man to be expelled from the society. To have defended Dr. Bartlett might have given offence to the older members. I do not know of any dispensing power which authorizes the expulsion of one and not another who has violated the by-laws. I never knew any action of the society against Dr. Samuel Shurtleff for recommending the Pulmonary Balsam. In regard to Dr. Waterhouse, it was doubted if he were a Fellow of the society. His letter of acceptance is not on file. A Fellow at the age of sixty can be excused from meeting with the society, and still be entitled to its publications. If he wishes, he can withdraw. If he withdraws, and continues to practise, he becomes an irregular practitioner, and disqualified to receive consultation-aid. Many of the most valuable medicines have originated with empiricks. If I make a beneficial discovery in medicine, I am bound to make it known to the society. The Medical Society neither encourages nor discourages those who do not belong to it. It leaves the field of progress open to all. I think the society is not on a proper basis. I do not know what the effects of breaking it up would be. The organization of the society, I think, should be changed. Nearly all the business is transacted by the counsellors from the several counties of the State. An undue influence is obtained by the few, and withheld from the many. Some think the society a burthen rather than a benefit—feeling is suppressed on this subject.

Cross-examined by Dr. Jackson. The laws of the society do not compel a Fellow to consult with any one who may demand consultation. A diploma is to show that the student has completed his education, and is now ready to commence business. I have never seen Dr. Waterhouse at any of the meetings of the Mass. Medical Society. I have been a frequent attendant for 17 or 18 years. When any real or supposed discovery is made in medicine, we are anxious to make it known to all, for the general good. I do not know that Dr. Bowditch, who voted against Dr. Bartlett's expulsion, has ever suffered in conse-

quence. He is a favorite with all. I have not suffered, myself. I think a young man to have defended Bartlett would have been injured; but have no direct evidence of the fact. I opposed Dr. Bartlett's expulsion as inexpedient. I thought then, as I think now, he wanted the notoriety which this would give him, and that he wished to injure the society. I think the graduates of the Berkshire Medical Institution were admitted to the same privileges in the society as the graduates of the Harvard Medical School, when their claims could no longer be resisted. Dr. Lewis preferred charges against certain members of the Medical Society, after Dr. B's expulsion. The subject was committed to a committee, who, in their report, censured Dr. L. This has operated to his injury. I know of no discoveries made by quacks which have been adopted by the Medical Society the past 20 years. I think Dr. Jenner received a bonus from Parliament of £20,000, on recommendation of several distinguished members of the faculty. I should consider my convictions of right more than paramount to my obligations to the society. I believe I have never read my diploma. I consider burning for amaurosis less painful than caustic potash or moxa. I have always practised this myself in preference to caustic. I have known a complete amaurosis, (i. e. a case of blindness, with symptoms in all respects similar to others who never recovered sight,) cured, but not by the application of moxa. The hotter the iron the less painful its application.

Dr. Lewis was left off the list of consulting surgeons at the Mass. General Hospital, at the next meeting subsequent to Dr. Bartlett's expulsion. His offence to the Medical Society was, in not sustaining the charges he had preferred. The appointment of consulting physicians and surgeons to the Mass. General Hospital, is made by the trustees. I think the removal of Dr. Lewis was influenced by some Fellows of the Mass. Medical Society. Members have a right to examine the records of the society, but not to make extracts or take copies. I have never known secrecy imposed on the Fellows of the society. I have no reason to believe that moral obligation is less regarded by the society than human life and the public good. The Medical Society has no control over medical education. Adjourned.

APRIL 2, 1839.

Dr. Walker wished to make a few remarks concerning his testimony at the last meeting. He said he never knew of secret proceedings in the society but once, which was, that the name of a Fellow making

charges against another Fellow for an infraction of the 8th by-law, was kept private from the society, while the name of the accused and the circumstances of the alleged mal-practice, were given to the society, and, he believed, published. He explained the remark that the Medical Society had no control over medical education, by saying, he merely meant that those who come from the Berkshire Medical School and Harvard College, must be received without examination.

Mr. John Orne, of Marblehead, sworn and examined by Hallett. Have long been acquainted with Dr. Bartlett—consider him a skilful surgeon—knew of his being called, two years since, to a boy kicked by a horse. He was sent for by the family to my store, but was not there. Dr. Briggs then went to the boy. Dr. Peirson, of Salem, was sent for by Dr. Briggs's direction, and performed the operation of trepanning. The boy died the next afternoon. Dr. Bartlett was in town at the time—believe he had surgical instruments.

Cross-examined by Dexter. Do not know any thing about Dr. Bartlett's skill at trepanning. Knew him to amputate a leg at the poor-house. It is about $4\frac{1}{2}$ miles from Marblehead to Salem. Dr. Peirson frequently comes to Marblehead to perform operations. Dr. Briggs often sent for him. The boy never rallied after receiving the wound; remained insensible till he died.

Dr. Winslow Lewis sworn and examined by Hallett. I am a member of the Mass. Medical Society. I have been long in practice. I was present at the last meeting of this committee, and heard the testimony of Dr. Walker. I should say aye to every thing he said concerning the influence of the Mass. Medical Society. I think, from my own experience, that any man who defended Dr. Bartlett at his trial, would not have fared so well. I espoused his cause in part, and wished him suspended. I think the article in the Pilot was the cause of his impeachment. Have known no others expelled, though they have committed similar offences. Dr. Bartlett, before he was expelled, presented the names of fourteen Fellows, whom he charged with violating the by-laws. This presentation was not acted upon. The day after his expulsion I addressed a letter to the society, saying that, influenced by a sense of justice to those persons, and willing the society should mete out to all alike, I renewed those charges. The committee wanted me to go more into specific detail of facts. Not satisfied with my doings, they reported to the society, which report was published, censuring my good faith. I rebutted it through the same me-

dium.* Ten Fellows had broken the 8th by-law, and one the 9th. Dr. Peirson consulted with an irregular practitioner, but justified it on the ground that the said practitioner afterward joined the society. I think Dr. Waterhouse's recommendation of the Thompsonian system a more aggravated infraction of the 8th by-law than Dr. Bartlett's consulting with Williams as an oculist. In Europe, an oculist exercises a distinct branch of the profession. The practitioner must possess some

* At a subsequent stage of Dr. L's. examination, he read the communication here referred to, for the purpose of explaining the motives by which he was influenced to renew the charges preferred by Dr. Bartlett, and also to show that his respect for, and confidence in the usefulness of the Massachusetts Medical Society were then undiminished. To preserve the unity of his testimony, the communication is inserted in this note.

TO DRs. HAYWARD, HALE AND ALDEN.

Gentlemen:—The newspapers of Saturday last, contained a communication under your signatures, purporting to represent the proceedings of the Council of the Massachusetts Medical Society, in relation to certain measures of discipline which were instituted at the last annual meeting. As it is known to the members of the society, and to some persons out of it, that the accusation referred to in the report was made by me, and of course, that it was my conduct which had occasioned so much "surprise" among the Counsellors; and as the report, by allusion and innuendo, if not in terms, reflected alike on my good faith and good sense, I have thought best to notice it in as public a manner as its appearance, to state briefly my relations to the subject matter of it, and to comment a little on the remarkable positions taken by the Committee.

Nevertheless, I should have declined this unpleasant duty, if there had not been appended to the apology for not examining the complaint, a labored defence of the Society, in which there seems to be deprecated some injury or odium which the connection of the topics would justify a reader in supposing, were expected from the conduct of the complainant.

But before proceeding to the few remarks I have to make on the principles of the report, I shall take leave to protest most strenuously against the publication itself. Such an appeal to the public on a subject not yet considered by the Society, and therefore still "sub judice" is, to say the least of it, unusual, and, as I believe, quite unauthorized by any of the powers and prerogatives, ample as they are, with which the constitution and by-laws have invested the Counsellors.

At the last annual meeting of the society, a youthful and humble member of it was arraigned for gross violations of the by-laws; and in conducting his defence, attempted to justify some of his transgressions, by the example of older and more distinguished members. This was, of course, no valid excuse or apology, and left him fairly subject to the severest penalties of the constitution, and they were fairly inflicted. He had, however, distinctly accused several very respectable Fellows by name, of unequivocal and repeated violations of the rule respecting consultations. The vote of expulsion, which immediately followed his defence, dissolving his connection with the society, left those accusations (which had been uttered in full meeting and disseminated by the press) without any responsible author, and therefore, so far as any action of the society was concerned, null and void. Having good reason to believe that some of them at least were well founded, and anxious that the society should both be, and appear to be, consistent and impartial in its dealings with its members, I determined to put the charges in the regular course of investigation. I addressed

knowledge of surgery. Many are distinguished as oculists who are not as surgeons and physicians. I think the society partial in the exercise of its rights. The gentlemen charged with violating its by-laws were

a letter to the Counsellors, stating that Drs. — and — had violated certain by-laws of the society, and desiring that such proceedings in relation to these should be had, as were for such cases made and provided. Substantially in the same manner, a few days before, had a complaint of a similar kind been preferred against the member who had just been expelled.

But how different was the action of the Counsellors in the two cases? In one the accused person is presently summoned before the board to answer to the complaint, and to show cause why he should not be reported to the society for expulsion. In the other, a committee of the Board is instructed to open a captious and unnecessary correspondence with the complainant, calling upon him to reinforce his word and honor which were pledged on the allegations he made, and before any one had questioned them, and finally transferring the case from the Council Board to the newspaper prints, actually reversed the position of the parties, and placed the individual who, under a sense of duty to the society and his associates, had preferred the charges under consideration, in the unexpected attitude of a defendant before the tribunal of public opinion.

It is the universal practice of all judicial tribunals, whether administering the laws of the land, or the code of honor, to hold every individual within their respective jurisdictions answerable to any accusation formally preferred against him by a reputable member of the community, enforced by an oath in one case, and by the word of honor in the other. By no other process, indeed, can such investigations be fairly and successfully pursued. The respondent must deny the charges, before the accused is called on to substantiate his allegations by further evidence.

A *prima facie* case of transgression on the part of certain Fellows was presented to the Council, and the only regular proceeding for them was to communicate the fact to the parties implicated, and call on them to answer to the charge.

If they had denied the facts alleged in the presentment, the Board should then have called on me for proof. Under these circumstances, I would have done my best to furnish it, and to afford any further assistance in the investigation which was in my power.

But, in truth, if the Counsellors had only proceeded by right in their first action in the case, there would have been no necessity of applying to me or elsewhere for evidence. With two exceptions, the allegations related to consultations with irregular practitioners, and most if not all the gentlemen concerned, as I am well aware, instead of denying the fact, would have admitted it promptly; and troubled the Council or Society no further than to have listened to what they had to say by way of explanation or apology.

How unfounded and ungenerous, then, the impressions which the report is calculated to produce,—that the accusations were dismissed for want of proof, and that I had preferred charges against my associates which I was unable or unwilling to substantiate, when the Committee and the Counsellors might have had the very best possible evidence of the facts in the confessions of the parties themselves, if they had only to respond, as they should have done, if regardless of other guidance, they had only followed their own precedent which was then scarcely a week old.

It is hardly necessary for me to say, that in making the complaint referred to, I was not actuated by any vindictive feelings; all the circumstances of the case negative such a supposition. On the contrary, the most agreeable termination of the affair to me, would have been an honorable acquittal of all who were implicated, after a full and impartial investigation. Most of the individuals accused, were, and continue to be, among my most intimate

among the most distinguished. I think Dr. Bartlett's consultation with Dr. Kearney no more injurious to medical science, than the consultation of Dr. Peirson with Dr. Strong, at Ipswich. At the time these charges were made, I was consulting surgeon at the Mass. General Hospital. When left out, I applied to the trustees to know the reasons, but failed to obtain a knowledge of them. I was assured, however, that my removal was not from want of professional ability, as will appear from the following letter :

TO DR. WINSLOW LEWIS, Jr.

Sir :—The trustees of the Massachusetts General Hospital have received your note, asking an explanation of the reasons which induced them to omit your name from the list of consulting surgeons chosen at

and respected professional friends, and I considered the investigation due to their characters, as well as to the violated laws of the Society. A part of them, I was aware, could offer such explanations of the conduct complained of, as would satisfy their associates that the transgression was excusable ; but others, I believed, were destitute of any such justification and rightly deserved the censure of the society. We had just inflicted the severest penalty of our code upon one of the youngest and least influential members, and while the disciplinary mood was up, I was for dealing out the same measure of justice to all others, whether old or young, distinguished or obscure, who had committed similar transgressions. If the Counsellors see fit to embarrass or stifle all inquiries which touch the aristocracy, theirs be the responsibility. I will not silently bear the burden of it, nor any part of it.

Gentlemen, while I am constrained to regard that part of your report which I have noticed above, as defective both in principle and argument, and altogether unworthy of a board composed of intelligent and independent gentlemen, it gives me great pleasure to add that there is another portion of it, in the sentiments and reasonings of which I fully concur. The respectability and usefulness of the Massachusetts Medical Society are not overrated in your concluding remarks. I have ever felt it to be an honor and privilege to be associated with so many intelligent and accomplished physicians as are to be found in that body. Our regulations and restraints are equally reasonable and salutary, and as you say, are even more beneficial to society at large, than to the individuals associated and governed by them. To a fair and impartial application of these regulations and restraints, I shall always hold myself amenable, and believe that I can, in no surer way, promote the objects and interests of the association than by insisting on an uniform application of them to all its members. Self-respect is the best guarantee and security for the favorable estimation of others, and this can only be maintained in individuals or societies, by a consciousness of justice, consistency and independence in sentiment and action.

I shall not participate in any further agitation of this subject before the public, but shall consider it my duty to present it together with the proceedings of the Counsellors in regard to it, for revision by the society at the next regular meeting. In the meantime,

I remain your obedient servant,

WINSLOW LEWIS, JR.

the last election. Though the trustees cannot hold themselves responsible to individuals for an explanation of the various motives which may operate upon their minds, yet as they are desirous of treating with proper respect all applications which are themselves respectful, they are willing to state, in consequence of your suggestion that it might have an unfavorable effect on your professional reputation, that your name was omitted from considerations altogether disconnected from your standing as a surgeon. The trustees feel no doubt, that your skill and attainments in your profession were such as would qualify you for the place, and they hope that no injurious consequences will follow to you from the manner in which they have exercised their discretion in the choice of officers of the institution confided to their care.

By order of the Board of Trustees of the Massachusetts General Hospital.

WM. GRAY, *Secretary*.

April 19, 1837.

Drs. Warren and Hayward were surgeons to the hospital at that time. I do not say they were the cause of my removal. Dr. Doane was appointed in my stead. Dr. Peirson was also chosen a consulting surgeon. This appointment of consulting surgeons out of the city is not a solitary instance. It is not always necessary that all the surgeons should be present.

By a subsequent vote of the Mass. Medical Society I was absolved from all censure.* Dr. Peirson at the time of Dr. Bartlett's prosecution presented the case. He was chairman of the committee for that purpose. The thing originated in the Boston Medical Association.

Dr. Bartlett said he had consulted with an irregular practitioner, and would again. I think the influence of the Mass. Medical Society unpropitious to the free expression of opinion by younger members. It is injurious to a physician to have it known he cannot obtain consultation. The by-laws of Mass. Medical Society practically annul the degree of Harvard Medical College. The Mass. Medical Society

* At the request of Dr. Lewis, the vote is appended.

"On the subject of the report of the counsellors on violation of by-laws which was published in October,

"Voted, That, in the opinion of the society, the Fellow, referred to as the gentleman who had preferred charges against certain members of this society, is not subject to censure for any thing he has done or omitted to do in the premises."

I think, tends to prevent quackery by its influence upon community. A combination of men can effect more for this than men singly. The society publishes many valuable works. These are distributed gratuitously among the Fellows. I think these publications have done much for the public good, and the promotion of health. The member is amply remunerated for his fee of membership, by the gift of a book and a good dinner. The society exerts a salutary influence by causing a knowledge of remedies to be diffused among its members.

Cross-examined by Dexter. I do not know that an act of incorporation gives the Mass. Medical Society any more power to refuse consultation than if it was a voluntary association. I do not understand that a diploma from Harvard College confers a right to consult with any who may refuse so to do. The officers of the Mass. Medical Society are generally the most distinguished practitioners.

Here Mr. Dexter said he wished permission to read a note from one of the trustees of the Mass. General Hospital, which would remove the impression, that Dr. Lewis was displaced from the office of consulting surgeon through the influence of any of the Fellows of the Mass. Medical Society.

Hallett objected to its being read.

Dexter said it was important, and appealed to the Committee. Ruled to be read.

DEAR SIR :—In regard to the omission of the trustees of the Mass. General Hospital to re-elect Dr. W. Lewis to the office of consulting surgeon, I am free to say, they acted from their own sense of propriety and expediency, and not from the suggestion of any member of the faculty. On the contrary, I well recollect having previously had a conversation with you on the subject, in which you stated it to be the opinion of Dr. Warren and yourself, that it was best to re-elect that gentleman. I named this circumstance to the board, before we proceeded to a choice. The result showed that they disagreed with those members of the faculty who alone were interested in the matter.

Very sincerely, yours,

GEO. BOND.

Kilby Street, 30th March.

GEO. HAYWARD, M. D.

Dr. Lewis continued his testimony. Have heard that Mr. Elliot rose in the board of trustees, and expressed a wish that he, (Dr. Lewis,) might be removed because he put forth charges which he would not or could not substantiate.

There is not a comparison between Dr. Peirson's consultation with Dr. Strong, and Dr. Bartlett's intercourse with Williams. Dr. Strong was a graduate of the Berkshire Medical Institution. There are gradations in the violation of the by-laws, and also of censure for their infraction, viz.: Suspension of the privilege of voting for one year, reprimand, and in aggravated cases, expulsion. Dr. Peirson expressed his willingness to submit to the society's discipline, for having violated its by-law by consulting with Dr. Strong. Dr. Doane was a surgeon in the United States Navy. Expulsion is a common transaction in other medical societies. Dr. Bartlett's expulsion was just, according to the by-laws.

Dr. Bugard sworn and examined by Mr. Hallett. I am a graduate from Harvard Medical College, and a member of the Mass. Medical Society. I joined it to obtain consultation with its members, which I could not enjoy without. I think a young man would meet with inconvenience in his practice, if not a member.

The counsel for the memorialist said he should close his evidence here for the present. He had now introduced the testimony he intended to offer, so far as the case had proceeded. He should reserve the right, however, to offer additional testimony, in case it should be judged necessary to rebut the evidence offered by the respondents.

Mr. Thomas B. Curtis, of Boston, was sworn and examined on the part of the respondents. I have for several years been a trustee of the Mass. General Hospital. I deny, on behalf of the trustees and myself, the imputation of some of the testimony I have heard this evening. No undue influence has been exerted on the trustees of the hospital, by members of the medical profession, directly, or indirectly, during the four years I have been connected with that institution. Dr. Doane was an assistant surgeon in the Mediterranean under Com. Decatur, in the war of 1812, and in the same ship with myself. On my nomination, he was elected to the office of consulting surgeon in the Hospital. I have known Dr. D. to perform many important operations. Dr. Peirson's election was not influenced by the part he took in Dr. Bartlett's trial. Physicians are appointed to the offices of consulting physicians and surgeons on the ground of their general reputation. Adjourned.

APRIL 4, 1839.

Dr. Briggs, of Marblehead, sworn and examined by Mr. Dexter. I am a physician of Marblehead, and am well acquainted with Dr. Bartlett. He commenced business in Marblehead—practised about three years, and then removed to Boston. One case only has occurred in which I have declined to practise with Dr. B. I declined not *solely* nor principally because he was expelled from the Mass. Medical Society, but for other reasons. I can assign those reasons if required.

Dexter. We are not particular about the reasons at present. If the counsel for Dr. Bartlett wishes to know them, he is at liberty to ask. Do you remember being called to a boy badly injured by a horse, mentioned by Mr. Orne?

Ans. I do. It was a case of fracture of the skull, and was one in which I thought it highly important to obtain the advice of an experienced surgeon. A messenger was accordingly despatched, in great haste, for Dr. Peirson, of Salem, there being, in my opinion, less risk to my patient in postponing the operation, if found necessary, till Dr. P's arrival, than in performing it without competent assistance. I did not call in Dr. Bartlett for reasons before alluded to; indeed I did not know he was in town, and had quite forgotten that he had a set of trepanning instruments, as I had not seen them for a long time. When Dr. B. commenced practice, I favored him and associated with him. This I continued to do so long as I could conscientiously.

Cross-examined by Mr. Hallett. I have signed the by-laws of the Mass. Medical Society, and consider them binding. I would consult with any practitioner if life was in danger.

Hallett. Is it safe, in cases of fracture of the skull, to postpone an operation any considerable period of time?

Ans. In cases of the nature of the boy, a delay of an hour or two is seldom productive of any injury, and is sometimes highly expedient when the vital powers are greatly prostrated, and life nearly extinct, as was the fact in the present instance. The safe rule is to be governed by the circumstances of the case.

Hallett. Did you consult with Dr. Bartlett while resident in Marblehead?

Ans. I did, previously to his expulsion from the Medical Society.

Hallett. How do you regulate consultations in view of the by-laws?

Ans. I consult on my own responsibility. The society is competent to determine whether I violate its laws.

Dexter. Do you think Dr. Bartlett suffered in his practice, in Marblehead, in consequence of his expulsion from the Medical Society?

Ans. The expulsion of Dr. Bartlett from the Mass. Medical Society has not, in my opinion, had much influence on his business in Marblehead. Before he left that town for Boston, his practice was not very lucrative. He assured me, that his expenditures for the last three years had exceeded his receipts by not less than fifteen hundred or two thousand dollars. He is certainly doing a better business than that at present. The inference is therefore perfectly fair, that his expulsion has been beneficial rather than injurious to his pecuniary interests, although I cannot specify any instance in confirmation of this opinion.

Hallett. Would you assist Dr. Bartlett in a case where life was involved, if requested?

Ans. Yes. To save the life of a fellow creature, I would aid an irregular practitioner, or even a quack. I should not, by so doing, violate the spirit of our by-laws; nor do I believe the society would view it as a violation.

Dexter. In a case like that of the boy, should you call in less skillful assistance than Dr. Peirson, if such could be procured?

Ans. I should not.

Bartlett. Do you recognise this case of instruments as the one I once presented for your inspection in Marblehead?

Ans. I do not identify them, but presume they are the same I had formerly seen.

Hallett. Does the case contain the instruments usually employed in trepanning?

Ans. I believe it does.

Mrs. Plummer was offered to be sworn, by the respondents. Mr. Hallett objected to her examination.

Dexter. We wish to show, that Dr. Bartlett's intercourse with Williams was, in the language of the by-law, an aggravated case. To prove this, we intend to show that Williams was a rapacious, mercenary quack; and to establish this, we produce witnesses, of whom the person on the stand is one.

Ruled to admit the testimony.

Mrs. Abigail Plummer sworn and examined by Dexter. I am staying at present in Boston. I came to this city from Salem. I have no property, and am totally blind. I have been blind three years. I put myself under the care of Dr. Williams in hope of obtaining my sight. I was induced to go to him from the accounts read to me in the

"Morning Post" and "Boston Pilot," by a friend. The family with whom I had long lived as a cook, sent me up to Dr. Williams. I had been three years under the care of Dr. Peirson, who charged me nothing, and also had the advice of Drs. Reynolds and Jeffries, at the Eye and Ear Infirmary.

When I first went to Dr. Williams, he inquired how much money I had, and if the people I lived with were rich or poor? He said he supposed my physicians had told me the nerves of my eyes were dead. He said they were not, and that the medicine he gave me would restore my sight. I asked him his charge. He said I must pay \$50 down, and \$50 more when cured. He said he could cure me. I did not feel able to pay the sum, and asked him if he would not take \$25 down. He replied, of course I set more by my money than my sight, and he would have nothing to do with me. I told him I had but \$43; that I had a child to support, and could lay by but little. He said he would not take less than \$50, and I might have a week to make up my mind; if I did not come in that time, I need not come at all. I went home, and returned the next Saturday with the money, which I gave him. After I paid him the money, he gave me some medicine in a bottle, and I signed a paper promising to pay him \$50 more, if cured. The paper was read to me, and Peter Grant signed it with me. I then went back to Salem, and had the medicine put into my eyes three times a day. Williams charged me not to let any physician see the medicine. He told me that in six weeks I should be restored to sight. I was under his care and treatment three months. I went up to see him six times. I met Dr. Bartlett at Williams's room on my fourth visit. When I went in, he was engaged, and said he would introduce me to his friend Dr. Bartlett, of Marblehead, who would tell me of the cures he (Williams) had effected. Dr. B. examined my eyes; he said mine was a case he would not like to undertake himself, but if any one could cure me, it was Williams. This gave me courage. There was a woman in the room called Hannah. Dr. B. said a cataract was coming off her eyes, and would be off in two or three days. I do not know that Dr. B. had any connexion with Williams. The medicine I used made my eyes smart a short time, and did me neither good nor harm. Williams always assured me my case was going on well. He told me of Lydia Saunders, a pupil in the Blind Asylum, whom Dr. Reynolds had given over, and whom he had helped so that she walked out that morning. At the end of two months, Williams said my eyes were doing well, and he should expect the other \$50 sent on to him at

Providence. He told me the cataracts were growing thinner, though I could not see the light of a candle at any time. He was sometimes cross. Dr. Bartlett said if I had put myself under Williams's care at the time I first lost my sight, it might have been saved. Williams paid me but little attention when I called on him. I did not let any physician know I was going to put myself under Williams's care. Dr. Peirson told me at first, he feared he could not save my sight. At the end of four weeks he pronounced my case incurable. I went to Dr. Reynolds after I had lost the sight of one eye. He told me had I come before, he could have done nothing more than Dr. Peirson had done. I remained in the family with whom I had lived one year after I became blind. Dr. Peirson aided me in getting into the asylum. Benevolent friends in Salem procured me a loom—I learnt to weave matts, and can now earn something for my support.

Cross-examined by Hallett. I heard about the Medical Society when I first thought of putting myself under Williams's care. I did not pay him any more money. Dr. Bartlett examined Hannah, and said the medicine was taking the cataract off.

Examined by Dexter. I was totally blind when I put myself under Williams's care. I have been blind three years last February. My sight began to fail in August. In December I could see but little. After that my sight failed entirely.

Mr. George D. Dutton, of Boston, sworn and examined. I am engaged in mercantile business. I have been afflicted with a disease of the eyes since 1823. In 1834 Dr. Williams came to Boston. On his arrival I did not choose to go near him, which some of my friends urged me to do. I subsequently heard of several cases which had been under his care, which induced me to go and see him. He said my case was a very simple one, and that he could cure me. His first question was, what was my business. He then asked me whether I had ever failed, and what I was now worth. He also asked me, how many clerks I kept, and many other questions which I thought strange and impertinent. He said he would take me under his care at ten guineas per month, for two months, and that if cured, I must pay him a hundred dollars more. I replied, I had rather pay a larger sum when cured. He said those were his terms, and I could do as I pleased. Thinking them exorbitant I left him. My eyes gradually growing worse, I visited him again in the course of one or two weeks. He asked me, what I thought my eyes were worth, intimating thereby, that I valued my money more than my sight. I had been told of one

or two cases of successful treatment, which induced me to accede to his terms. On my fourth visit he held up a glass and examined my eyes at the distance of about three feet. He also used a glass in the same way on my first visit. I paid him one hundred dollars and he gave me medicine in a vial. After he had received the money, he required me to sign a paper agreeing not to show the medicine to any physician or apothecary, nor to leave it exposed in my house; and further, that I should speak well of him if I was cured, and say nothing against him if I was not. He said there was no manner of doubt that he could cure me.

I used the medicine several weeks according to directions without benefit. I told Williams the medicine hurt me, and I thought he had imposed upon me. At first from its dilating the pupil, I could see a little better, and felt encouraged that would benefit me. But I soon found my mistake. The vessels of the cornea became more inflamed and the application of the medicine was painful. I told Williams that I needed the use of the lancet in the region of the eye. I went to Dr. Jeffries and was bled. He did not know I had been under Williams's care. I afterwards informed Williams of this, and he blamed me for not coming to him to be bled.

Cross-examined by Hallett. I had consulted physicians before I went to Williams, but had not exhausted medical resources. Williams said he could cure me, without my laying aside business. I sent for him at one time, but he prescribed nothing. As an inducement to employ him, Williams said, I should follow him to England, if I did not take him now. At his rooms he showed me a young man whom he said he had cured. This, with other cases of which I had heard, gave me great encouragement. One case which had been pronounced a cure, I afterward ascertained was only partial relief. I received no benefit from the treatment of my case by Williams.

Dr. Edward Reynolds, of Boston, sworn and examined. I have given much attention to diseases of the eye. I am connected with the Eye and Ear Infirmary in this city. There are about 600 cases annually. For ten or twelve years I have been in almost daily attendance. I paid much attention to this subject in Europe the most part of one year. I have a distinct recollection of frequently making such remarks as are stated by Mrs. Plummer to have been made in reference to Dr. Peirson's treatment of her case. I frequently had patients who had been under his care, and presume I made the remarks to Mrs. P.

Some three or four weeks after Dr. Williams arrived in this

city, a man from Vermont came to my room. I saw he had a cataract. He asked me if I could do any thing to help or cure him. I told him the only relief he could obtain would be by an operation. He said he did not like to undergo that, and that he had been to see the celebrated oculist to the king of France, who said he could cure him in one month, or perhaps two, without an operation. But, said he, I did not like his ways. He asked me what was my business, and how large my farm was, and how much money I had? He said if I would pay him 100 dollars down, he would doctor me one month; if he did not cure me in that time, he would doctor me another month gratis; but if I was then cured, he should expect me to pay him 100 dollars more. I thought it was a good deal of money to pay, and I have come to ask you whether I had better go to him. I gave the man my advice and he returned home. I have not seen him nor heard from him since.

Shortly after this a gentleman brought a patient to my house wholly blind. He had been so 17 years. The internal and external parts of the eye were literally glued together. In consequence of this affliction the person had become dependent upon the town for support. The gentleman with him asked me if I thought he could be cured. He said he had called on Dr. Williams, who said he could cure him, but must be paid 100 dollars down. This gentleman said a sum of money had been raised to defray his expenses while here. If there was any prospect of a cure being effected, the money would be cheerfully devoted to that object; but if not, it would be preferable to retain it for the benefit of the man.

Before I had done conversing with these persons, two others came in, one totally deaf. They said they had been to see Dr. Williams, who assured them he could cure the man of his deafness; but he must have 50 dollars now, and 50 more at the end of two months. This man was a case which I had seen seven years previously, and he had then been deaf many years. I at that time pronounced him incurable.

I had not done with this man when another person came in, a patient of my own, who gave me a similar account. He said, "I have been to see Dr. Williams, who told me that before he did any thing for me, I must pay him 100 dollars. I replied, that we yankees thought it was best to pay when the work was done. I told him, however, that I would visit him for thirty days, and leave one dollar each day on his desk. If, on the expiration of that time, I was better, I would give him 100 dollars, and if he cured me, I would give him \$200 more.

Upon this he turned me out of his room." The man said he had come to ask me if I thought he had better put himself under Williams's care. I have had many inform me that they had been under Williams's treatment. The only certain remedy for disease of the nasal duct, is mechanical. Williams treated this with the same applications he used in diseases of the eye. The application of the extract of stramonium and belladonna dilates the pupil and increases the field of vision for a time. The effect of this application sometimes continues one, two, or three days, but never permanently. I am not aware that the application is injurious to the eye; it does neither good nor harm. There is no cure for a *complete* amaurosis; i. e. where the nerves of the eye are destroyed. The application of moxa cannot cure such a case.

Cross-examined by Hallett. The individuals in the cases referred to went home without treatment. I knew they were incurable, and told them so. The knowledge of the nature of diseases of the eye has about arrived at perfection. I think it probable that not much will be added to a knowledge of their treatment. I do not mean to be understood that I think *I* have acquired a knowledge of all that may be known; but I mean to say, that I think about all in relation to this subject is known that can be known. Williams's application would irritate the organ, and do no good. Empiricism has more charms with many than regular practice. Some men will place implicit confidence in quacks, who have not a very high opinion of regular physicians. I account for this from that tendency in poor human nature to love self-deception and the marvellous.

The Mass. Medical Society did not interfere officially with the practice of Dr. Williams. It gave itself no concern about him. I can tell by examination when the nerve of the eye is dead. In a fair light we can see into the bottom of the eye as easily as to look into a mirror. Numbers of the patients of the Eye Infirmary left it, and put themselves under the care of Williams. They paid him their money, obtained no relief, and finally came back. Some of them are there now. Adjourned.

APRIL 6, 1839.

Committee met according to adjournment.

Mr. Dexter, for the respondents, said he had a mass of evidence proving the rapacity and impositions of Williams, which it was his intention to present, had time permitted. Dr. Bartlett had occupied four or five sittings with his testimony, and it now appeared, that the Legislature would rise so soon as to afford the Mass. Medical Society but one

sitting (if allowed) in addition to the last, to put in rebutting evidence. This obviously placed the society at disadvantage, as in order to meet the various points of Dr. B's charges, he (Dexter,) must greatly condense the testimony he proposed to submit. As to another meeting, he trusted the committee would grant it if possible. To leave the investigation at its present stage, would be to place the Medical Society in an unpleasant position. Certain grave charges, affecting its character, had been preferred, to refute which there was ample testimony, but if this testimony was not received now, the society would rest under the odium of these aspersions until the next Legislature. Should another sitting be determined on, he would waive further important evidence concerning Williams, and confine himself to other particulars.

Dr. Bartlett concurred with Mr. Dexter in expressing a hope, that the Medical Society might be indulged with another hearing.

On motion of Mr. Greene :

Voted, That another meeting shall be held on Monday evening next, at which nothing further concerning Dr. Williams and his character shall be introduced. Adjourned.

APRIL 8, 1839.

Committee met according to adjournment.

Dr. James Jackson, of Boston, sworn and examined. I have been in practice of medicine since 1800. In 1802 I was elected a Fellow of the Massachusetts Medical Society. The society had then existed about twenty years. Originally it was designed to be a select society, and its numbers were limited to seventy, embracing the most eminent in the profession. These members living in different parts of the Commonwealth, could not attend the meetings of the society so constantly as its object required, consequently that interest necessary to its prosperity flagged. The original act of incorporation being found insufficient in its operations to effect the purposes of medical science, some changes were thought necessary. In 1803 the society petitioned the Legislature for certain alterations in its charter. The act containing these alterations was prepared by the late Dr. Treadwell and Chief Justice Sewall. It was presented by them to the society and approved. By that act, the privileges of the society from being limited to a few, were extended to all regularly educated physicians in the Commonwealth. All who were licensed by censors, and all the medical graduates at Harvard College, were entitled to its benefits. Subse-

quently, it was provided, that all physicians coming from other states and countries might become members of the society by making application and presenting their credentials, if those were satisfactory. The object of the society was, to enable the public to distinguish the regularly educated from such as were not. The terms of membership were such, that all respectable physicians might avail of them if they chose.

It was feared at first that physicians would not be fond of joining us, because they would obtain no personal benefit. To obviate this, and as an inducement to join the society, a clause was inserted in the act referred to, exempting physicians from the performance of military duty. In 1804 the by-law was passed prohibiting consultation with those who should hereafter enter the profession without becoming licentiates of the society, or doctors of medicine of Harvard College. This law was against the interests of its Fellows, but promotive of the public good.

The labor of carrying on the business of the society has mostly devolved on members in this city and vicinity, and this rather from necessity than choice. The labor imposed upon the officers of the society I should consider more than an equivalent for the honor conferred by office. A principal object of the society is to add to the stock of medical knowledge, and to diffuse it to the world. It has effected much good in this way. About thirty years ago a paper on diseases of the heart, by Dr. Warren, was published. It explained the subject better than any English writer I had seen. A very valuable paper by the late Dr. Fisher, of Beverly, on worms and epileptic fits, was also published. In 1808 a committee was chosen to prepare a report on vaccination, which was given to the public. At this time the public had gone so far as to place confidence in vaccination, but were not aware that those who received it, in some cases, were still exposed to disease. The committee, in publishing their report, apprized the public of the fact, that, in a future day, they might not lose confidence in vaccination if a case of small pox should occur in one vaccinated. [In answer to a question here by Mr. Dexter, Dr. J. said, a report on typhoid fever, of upwards of 100 pages, was compiled from 300 cases in the Mass. General Hospital, and published in the same way.] The society has, for eight or nine years, caused some valuable medical work to be published, and furnished a copy to each Fellow gratuitously. The advantage of this has been, in calling the attention of the profession to one subject at the same time. I would also men-

tion, that a report on spotted fever, and a history of the cholera, compiled by a committee of five, were also published at the expense of the society. The same may be said of the Pharmacopœia, a useful work.

I may here mention what the society has done about foreign leeches. The amount of them used by us is very large. A single apothecary has had 50,000 at a time. To make them more plenty and cheap, the society desired to promote their propagation in this country. They therefore offered a premium of \$500 to any person who should be able to effect this object. The society likewise offered a premium of \$50 for the best dissertation on the evil effects of alcohol upon the human system, and obtained one on the subject from Dr. Sweetser.

Three prize dissertations by individuals of the profession have also been published. They were presented for the Boylston prize. While one only could receive the prize, the others were considered so valuable that the Boylston committee, to whom they were presented, determined to publish them, which was done at the expense probably of about 1000 dollars. This expense was defrayed by a munificent Fellow of the society. A copy of these was sent gratuitously to every physician and medical student in the State. These things have been done for the benefit of medical science, though publishing books was not the *primary* object of the society. I think I am safe in saying, that in every village in our Commonwealth may be found a better educated physician than one in twenty of those practising when I entered the profession. This change, as I conceive, has been mainly wrought by the influence of the Medical Society. The by-laws of the society required students to spend full three years in study, and that none should be approbated whom the censors did not solemnly think fit to be intrusted with the life and health of mankind. The censors, as I believe, are rigid in their examinations, and have sometimes turned by their own pupils. I think the 8th by-law has been the great lever by which the society has operated. The object of this by-law is to discourage those from coming into the profession who are not regularly educated. It has been salutary in its operation. It has sometimes been broken; but in those counties in which the law has been best observed, the profession has risen the highest. If the welfare of a patient could not be served otherwise, the physician would consult with an irregular practitioner. He would not, of course, do this habitually, to encourage irregular practice.

With regard to consultation, I would say, that I should be governed by circumstances. If a physician was merely passing through the city,

and stopped a few days without designing to remain, I should feel at liberty to consult with him, if the case, in my judgment, required it. And this I could do without censure. If such an one asked for consultation, and I thought the case a doubtful one, I should endeavor to obtain the opinion of my medical brethren in my vicinity before I acted. If a physician came into the city to stop for a time and advertised for practice, neglecting or refusing to put himself in the way of obtaining the fellowship of the society, then the case would be clear. By his neglecting or refusing to become a member of the society, he would manifestly declare that he did not wish its countenance, and, therefore, I, as a member of the society, should not feel justified in making advances. He would be clearly an irregular practitioner, and I should not wish to associate with him. If a physician were sent for from another State, to remain for a few days only, if the case he was called to required consultation, I should feel myself authorized to yield it. The case of Dr. Vanderburgh, which has been referred to in the course of this examination, is in point. He was called here at the wish of a very respectable family, and under the circumstances I felt there was no impropriety in consulting with him, although I did not, myself, consult with him. The difference between Dr. Peirson's consultation with Dr. Strong and Dr. Bartlett's connection with Williams, must be obvious. Dr. Strong was a regularly graduated physician from the Berkshire Medical School. He was well known to the profession, and it was understood he was ready to unite with the Medical Society so soon as a certain impediment, relating to the school from which he graduated, should be removed. Williams came here making great pretensions to cure disease by secret remedies, and being irresponsible in his practice. The 8th by-law would never be enforced where irregular consultation had been held to save life. There is no practical difficulty in making the distinction between cases like Dr. Peirson's and Dr. Bartlett's. The report to the counsellors of the Medical Society, October 5th, 1836, expresses the sentiment of the society on the subject of consultations. This report is in the hands of the committee.*

* At a stated meeting of the Counsellors of the Massachusetts Medical Society, October 5th, 1836, the following report was read and accepted; and the Committee on publications were directed to cause it to be published and distributed—

The Committee appointed at the stated meeting of the counsellors, in May last, "to inquire and report whether any facts have come to their knowledge of the violation of the 8th by-law, relating to consultations, &c." respectfully ask leave to report—

When speaking of what the Medical Society had done in the way of diffusing knowledge, I should have added, that, during the cholera panic, all the works that could be obtained on the subject of that disease were imported from England and France for the benefit of medi-

That, at the same meeting, a communication was received from a Fellow of the Society, charging ten individuals with a violation of this by-law, and one with a violation of the 9th by-law. This communication was referred to the same Committee; and the recording secretary, at the request of the Committee, immediately after the meeting, addressed a letter to the gentleman who brought forward the charges, informing him of the appointment of the Committee and of their readiness to receive any evidence or facts of which he might be in possession, that would support the charges that he had advanced.

No reply, however, was made to this, and the Committee, after waiting several weeks, directed their chairman to make another application for the same purpose, which was accordingly done on the 8th of August. But no answer was received to this note till October 3d, and this was merely a repetition of the charges, with the names of the individuals, and of those of two or three not in the first letter. No evidence whatever was furnished.

The Committee cannot forbear the expression of their surprise, that any Fellow of this society should make charges of a grave character against other Fellows, and some of them, too, among the most respectable members of our institution, without being prepared to exhibit the proofs on which he grounded his accusations. The Committee did not feel that they had a right to call upon the individuals thus arraigned, as they were not in possession of the slightest evidence of their guilt; and even if they did not believe them innocent, though they certainly had no reason to think them otherwise, it would be a novel mode of conducting an investigation of this character, to call upon the accused to furnish evidence that might lead to their own conviction. The Committee would further remark, that one of the individuals thus accused, is not a Fellow of the society, having withdrawn from it many years since, and that his name has been inadvertently continued on the list. They would also observe, that the Fellow who is charged with violating the 9th by-law, by recommending a patent medicine, however widely he may have deviated from the spirit of the law, has not, as will be seen by referring to it, violated its letter.

And here the Committee might close their report by remarking, that "no facts have come to their knowledge, of the violation of the 8th by-law," which require the animadversion of the society; but before doing this they would respectfully invite the attention of the counsellors to one or two points connected with this subject.

In the first place, then, they would remark, that there is a palpable difference in the conduct of those individuals, who, by accident, inadvertence, or from a belief that some good may be effected by it, have occasionally met and consulted with irregular practitioners, and the course of those, who, at all times, consult with such practitioners, knowing their true standing, and at the same time avow their determination of persisting in such practices.

It no doubt occasionally happens to a Fellow of this society to be called to a patient, and to find on his arrival that he is in the charge of an irregular practitioner, to whom the physician is, perhaps, for the first time introduced. He may be unacquainted with his true standing, and the time may be too precious to be lost in inquiries on the subject; or, if he knows, the situation of the patient may be such, that, by refusing to act, and to act promptly, he would be justly liable to the charge of inhumanity.

Another case, and one where the course is still less doubtful, may occur. A Fellow of the society may be called to meet a physician of good education, but who has perhaps so recently come into the State, that there has not been time for him to be licensed by the cen-

cal science, at the expense of the society. A report was made, and two maps published, showing the progress of the disease, from its origin in India to its introduction in Europe. This was done under the direction of a committee of seven. By the knowledge thus ob-

sors, or who for some other cause is not in good standing with our institution. He may be ignorant of the laws and unacquainted with the method which he should adopt to obtain fellowship. It would be obviously unjust to class such an individual with ignorant and designing empirics; and the proper course for a member of our society seems to your Committee, to be, to meet such a person, and to explain to him the nature of our institution, the object of its laws, and the mode of admission, and thus induce him to attach himself to it, and in this way give additional efficiency to our rules.

Both of the supposed cases were more likely to happen formerly, when the society was small and its influence inconsiderable, than at present; and much more likely to occur in the country, where the practitioners are remote from each other, than in the larger towns, where from their proximity, the character and standing of every one must be known.

Though the Committee have made these suggestions to palliate occurrences of the kind alluded to, they are at the same time of opinion, that they should be avoided at all times, as far as possible, and they deem it to be the duty of every Fellow of the society scrupulously to adhere to the spirit of its laws. They cannot persuade themselves that the cases which would justify a deviation from them can be of frequent occurrence.

The Committee would remark, in the second place, that there seems to be a misapprehension in the minds of some, as to the object of our laws relating to consultations. There are many who affect to think, and there are perhaps a few who actually believe, that these laws are made for the benefit of the profession, when, in truth, as the least reflection will show, their sole purpose is to promote the good of the community; to guard the public against ignorant, designing, and unprincipled pretenders. Medical men alone are competent to judge of the qualifications of the practitioners of the healing art, and it is their duty to point out a course of education to be pursued by those who intend to enter on this arduous and responsible calling. There surely can be no ground of complaint on the part of candidates for the medical profession, provided that it be neither difficult nor burdensome to comply with the requirements to enter it. Now it is notorious that this is not the case in this Commonwealth, and consequently there is nothing exclusive in the character of our regulations.

Having established then a course of education, and fixed the manner by which the parties are to give evidence that they have successfully pursued it, the profession are bound by the duty which they owe to their fellow citizens, to say to all who do not choose to pursue this course and give this evidence, that if they undertake to practise the healing art, they will hold no professional communion with them. We have then discharged our duty to the community, and if they employ such unlicensed persons, they do it on their own responsibility; no blame can rest on us.

The regulations of our society, in relation to those who have been educated out of the State, are neither oppressive nor unreasonable, as they have sometimes been represented, but are on the contrary of the most liberal character. They require only that such persons should give evidence of having gone through a course of study equal to that which is demanded by our own laws. The diplomas of all respectable institutions are received as evidence of this course, provided these institutions require as long a period of study before the examination is made, as is done here. It may not perhaps be necessary to require more than this, but less could not be demanded in justice to the public.

tained, the committee were enabled to recommend such measures as were best adapted to check its progress. The committee recommended cleanliness, and it is believed, that where it was strictly observed, the disease prevailed much less than where it was disregarded. The society incurred considerable expense in publishing these reports.

During the last ten years, the society has expended from four to six hundred dollars per annum in publishing works for distribution

This, then, is all our society undertakes to do in relation to practitioners of medicine in this Commonwealth. In what consists the oppression? Where is the monopoly? What are the exclusive privileges we enjoy? We merely point out a course of medical study, which we deem it necessary for the welfare and safety of the community for every practitioner of medicine to pursue, and if he does not choose to give evidence that he has done this, we say that we will hold no professional intercourse with him. We do nothing more; and if he be not successful in his profession, the fault may be in him; it certainly is not with us.

Can we do less than this? Should we not be wanting in our duty to the public and ourselves if we neglected to do it? Would it be right, by consulting with such individuals, to declare to the world, as we certainly should do, that we believed them to be well educated? When, to say the least, we have no evidence of the fact. Who has a right to complain of our course? Not our fellow citizens, for they can employ whom they please; and the practitioners, who will not conform to our rules as to a proper course of study, cannot blame us if we will not receive them as associates and fellow laborers.

To deny us the privilege of determining with whom and on what terms we will hold professional intercourse, would be a gross violation of our rights, to which we ought not, and to which we never could submit. It is an interference with our personal concerns that cannot be tolerated.

The Committee deem it proper to remark, in conclusion, that the course which this society has adopted in relation to consultation, seems to be fully authorized, if not actually contemplated by the Legislature, in the act of incorporation passed in 1781. By this act, it will be perceived, that the President and Fellows, or such officers as they may appoint, are authorized to examine candidates for the practice of physic and surgery, as to their skill in their profession; and if the officers thus appointed shall refuse to examine any candidates who may offer themselves, each and every one of the examiners shall be subject to a fine of *one hundred pounds*, to be recovered by the candidate, for his own use, in any court in this Commonwealth. And in the same act, the following forcible language is used, showing very strikingly the sentiments of the Legislature on this subject: "It is clearly of importance that a just discrimination should be made between such as are duly educated, and perfectly qualified for the duties of their profession, and those who may ignorantly and wickedly administer medicine, whereby the health and lives of many valuable individuals may be endangered, or perhaps lost to the community."

It is believed that our society will be ever anxious to make this discrimination, and that the regulations formed for this purpose, having no private or personal object in view, will be complied with uniformly and with cheerfulness by all its members. If this be done in good faith, it cannot be doubted, that the public good will be essentially promoted, and that our institution will be regarded with increased favor by the community.

Which is respectfully submitted, by

GEO. HAYWARD, }
E. HALE, JR., } Committee.
EBNR. ALDEN, }

Boston, Oct. 5th, 1836.

among its Fellows. District societies are benefited by being furnished with books on loan from the library of the society. The Medical Society has tended to prevent quackery, not by opposition, but by furnishing the public with regularly educated physicians, and distinguishing those who are so.

In reference to the management of the affairs of the society, I would remark, that it has often been found difficult to procure gentlemen to fill its offices, and that when good officers have been obtained, so onerous have been their duties that it has been necessary to urge them to continue. I am aware, that the motives of those most actively engaged have been misapprehended, and that their activity has been ascribed to selfishness, when it was based in a desire to promote the general good. But I am happy to know that many entertaining these views have changed them, upon a more intimate acquaintance with the truth.

There is no law of the society enjoining secrecy on our proceedings. We transact our business very much as do other corporations. The doors are open and shut without regard to privacy. I remember one case, in which the character of an individual was involved, and the presiding officer, to prevent any unpleasant consequences, requested some who were accidentally present, but not members of the society, to retire, notifying them that when the business was transacted they should be informed, that they might return and hear the discourse. There was no injunction of secrecy in this case. The proceedings of this society have for several years been published.

I was present at the examination of Dr. Bartlett before the counselors, previously to his trial. The mode of his examination was not oppressive. He had every opportunity to make his defence. To prevent confusion in his mind, all questions were addressed him through the president. I was likewise present at the trial of Dr. Bartlett, on which occasion the remarks imputed to Dr. Peirson, in his memorial, are said to have been made. I am confident none such, nor any breathing the same spirit, were uttered by Dr. P. The idea of disregarding the duties of humanity from a regard to specific rules of conduct, would never be countenanced by the Fellows of the society, nor by physicians generally. Practically there is no difficulty in deciding when a disregard to the letter of the law is proper. A physician should hold to professional rules when his own interest is concerned, but when the welfare and real safety of the sick is concerned, he is to regard them first. The "sacrifice of human life" to preserve the by-laws, is a sentiment I disclaim, and which I know is not entertained

by the society. There are some more vague and general charges against the society or its Fellows, in Dr. B's memorial, which I believe to be utterly groundless. There was a diversity of opinion about his expulsion. Some thought it inexpedient, for reasons already stated by other witnesses. The majority, however, thought otherwise. There was no manifestation of ill will towards Dr. Bartlett, that I am apprized of, by any member of the Medical Society. I believe the influence of the Medical Society on young members to be in the highest degree beneficial. I form this opinion from my own experience. I very well recollect, that soon after I commenced practice, I inquired of a physician, advanced in life, whether there was any tribunal to which I could go to prove my qualifications, saying, it would be worth a hundred pounds to a young man. But, although a Fellow of the society, he said there was not, and that it was of no consequence. At that time licenses were granted by the society, and degrees at Cambridge, but they were not regarded as of essential importance. So satisfied, however, did I become of the utility of a regular introduction into the profession, that I took a degree two years after I commenced business. I did this that I might more consistently enforce the principle in future on others. The medical diploma does not certify as to the natural abilities or talent of the graduate, but that he has pursued a proper course of study, and passed the requisite examination. The older members of the profession labor for the benefit of the younger. I have never known any leaguings of the few to control the many.

Dr. Waterhouse has not been considered a member of the society since about 1805 or 1806. As a matter of courtesy he was marked on the catalogue as a retired member. That mark has a more definite meaning now than it had at that time. I never saw him at any meeting of the society that I can remember, and certainly not since 1806. He has not been charged with assessments since that period, as I believe, nor do I think him to have been amenable to the by-laws, since the year he is marked as having retired.

Cross-examined by Dr. Bartlett. Dr. Jackson, allow me to ask, if the immortal Jenner had come here for a few weeks to practise, and diffuse the knowledge of vaccination, would you, as a member of the Mass. Medical Society, have consulted with him?

Ans. Such a case is hardly supposable, for medical men, of real worth and eminence of character, do not travel from place to place to practise. I should suspect such a man, and avoid him. Jenner published his discovery for the good of mankind, and his publications

answered every purpose of his coming here. But supposing such a case to occur, I should not unite with him, without having represented the case to my professional brethren, and invited their concurrence. By such consent and co-operation, all suspicion of selfishness would be removed.

Quest. Suppose a man to come into the city for ten or twelve weeks, having accredited diplomas, and during that time have no opportunity to join the society, would you then, as a member of that society, consult with him?

Ans. We cannot know any thing of a man's qualifications, nor of his claims to confidence, unless he presents them for our examination. If such a person should come here and advertise for practice, and, at the same time, manifest no desire to connect himself with the society, I certainly should decline his acquaintance. If, however, he really wished to join the society and enjoy its privileges, and was prevented in consequence of the censors not having a session, the case would be different. An honest man will find no difficulty in conducting himself in such a manner as to show that he is not actuated solely by personal interest, but by a regard for the public.

In answer to a question by Dr. Bartlett, Dr. J. said, I am not aware that the Medical Society exercises censorship of the press. I think the article published in the Pilot, concerning Dr. Williams, expressed the sentiment of a physician, as the writer spoke of his degree and of his experience as a physician.

The present organization of the Medical Society I believe the best for the interests of medical science. It aims to elevate the character of professional attainments, and there are doors enough through which a man may enter, if he choose. We recognise all who are willing to conform to the terms of membership. If others do not choose to recognise us, we do not complain. They only exercise their right; and they should not complain if we do not recognise them. It is not for seven hundred to court one.

Quest. What is the difference between a dentist and an oculist, in relation to other members of the profession?

Ans. Generally, their character is essentially the same. In some respects, however, there is a difference. The simple extraction of a tooth, being mechanical, may be done without any knowledge of medical science. But the application of remedies to the eye requires a knowledge of medical science, and so does a treatment of diseases of the teeth. To illustrate his opinion, Dr. J. said, that a man treating

diseases of the joints, &c. by external remedies, practised surgery, and that this was not a new opinion of his, to meet the present case, for he had stated the same on another occasion. Mr. Hewett had once called on him, wishing that he would aid him in a suit at law, by certifying that he (Hewett) was not a surgeon. But he (Dr. J.) felt bound to say to him, that he practised surgery, though he would not be ready to say that he did it scientifically, or that he did it well, having never witnessed his method of operation.

Question by Dr. Bartlett. Do you think the affairs of the Medical Society are managed as well and as usefully as they were ten or twenty years ago?

Ans. Of late years, the purposes of the Medical Society have been more fully answered than formerly.

Question by Mr. Hinckley. What would be the effect of repealing the charter of the Mass. Medical Society?

Ans. I think the repeal of its charter would be injurious to the community. It would be so because community would not be so well able to determine who were, and who were not regularly educated practitioners. It would also be an inconvenience to us, from having so long acted under a charter. Even if devoted to scientific objects only, a charter would be convenient. This has been shown lately in the instance of the Boston Society for Medical Improvement. This society is confined entirely to scientific objects, yet has found a charter necessary, and has obtained one at the present session of the General Court. The repeal of our charter would deprive young physicians, regularly educated, of the advantages they now enjoy.

At the meeting at which Dr. Bartlett was expelled, and just before his expulsion, he brought forward general and loose charges, against various Fellows of the society, for infractions of the 8th by-law. The society proceeded on the business in which they were engaged, and did not stop to investigate the matters thus brought forward. The next day, at a meeting of the counsellors, I alluded to those charges, and said, that though vague, and not coming from a source deserving much regard, they ought to be attended to, for the honor of the persons attacked, if for no other motive. I therefore moved, that a committee should be appointed to inquire whether there was any ground for those charges, and before whom any persons supporting them might appear. While this motion was under consideration, Dr. Lewis produced a written statement, containing in substance the same charges which had been preferred by Dr. Bartlett. A committee was then appointed to

attend to that matter, and the report of that committee was printed. It is the one before referred to.*

Dr. Peirson, of Salem, sworn and examined.

Dexter. Dr. Peirson, I wish to ask you a few questions on certain points in this case. Dr. Bartlett in the tenth allegation of his memorial, has charged you with using certain language and uttering certain sentiments before the Mass. Medical Society at their annual meeting on the occasion of his trial, to wit: "That the laws of the Mass. Medical Society do not recognise the sentiment, that a regard for morality and the general good of mankind is, in any wise, incumbent on its members; and that its members are bound to obey the by-laws of the society without reserve, even though the sacrifice of human life be the consequence." Did you, or did you not, utter this language?

Ans. It is utterly false that I used the language, or uttered the sentiments imputed to me by Dr. Bartlett in his memorial. It is false in language and false in idea. It is false in general and false in particular. The report of his trial is very fair. I should say his remarks are more fully reported than mine; but I do not think any partiality was meant. As to saying human life was not to be regarded, if to regard it was to disobey the laws of the society, I disavow the sentiment. I could not have uttered it at such a time, and in such a place. It would

* See page 40. In reference to this matter Dr. J. wishes to have the following note added.

The measures pursued in this case were the same as in the case of Dr. Bartlett, so far as they went. In his case a committee of inquiry was appointed, without mentioning Dr. B's name, so that his name might not appear on the journal until some specific charge was made out. To this committee specific charges were made against Dr. Bartlett, and evidence was adduced in support of them. Dr. B was then informed that such specific charges had been brought, and that he would be heard in his defence at a meeting of the counsellors.

In reference to the cases referred to in the text, where the names had been brought forward by Dr. Lewis, a committee of inquiry was likewise appointed. To that committee any one could have brought specific charges and the evidence to support them. Dr. Lewis was called upon by the committee, as his charges had not been specific, and as they were unaccompanied by evidence. His reply to the committee was, that he had no evidence to produce. Here then the matter stopped, for no other person brought forward any evidence. If the committee had called upon the parties accused when they had not any evidence whatever against them, a practice would have been introduced which might have led to the accusation in turn of every Fellow of the society.

I think it proper to add, that one or more of the persons accused, not satisfied with this state of things, did bring before the counsellors their own cases, with such explanation as that the counsellors did not think proper to censure them.

The above statement is made from memory without consulting the records of the society and the documents on file; but I am satisfied that it is substantially correct.

have produced a general burst of indignation. I never entertained such a thought. I never believed such a doctrine. I never avowed such a principle. I never uttered any where, at any time, such an expression. I most solemnly deny it in thought or word. I deny it in general, in detail, out and out.

What I did say on the occasion of Dr. Bartlett's trial has been grossly perverted. The simple truth in the case was this: Dr. B. as one ground of justification of his course, assumed that it was legal, that he had done nothing which transcended the rules and laws of the society. To prove this, he read an extract from the "Boston Medical Police," the rules and regulations of another association, which he mistook for the by-laws of the Mass. Medical Society. By this he purposed to show, that the rules of the society sanctioned his conduct. In reply, I said he had misapprehended the matter, that the clause on which he founded his argument was not in the books of the Mass. Medical Society, nor was it in any article of the by-laws, and consequently that it did not relate to the affairs of the society. The point I wished to establish was, that Dr. Bartlett's argument for the legality of his conduct was not valid, inasmuch as it was based on the code of a private, local association, and not, as he supposed, on the language of our by-laws. And it is on this ground, that I have been charged in his memorial, with saying, that the members of the society are bound to obey its by-laws without reserve, even though the sacrifice of human life be the consequence. That I never made, nor was understood to make such a declaration, the certificate of Drs. Warren, Hale and Homans, clearly proves.

[Here Dr. P. read the certificate which is inserted on p. 18.]

Between my consultation with Dr. Strong and Dr. Bartlett's intercourse with Williams, about which so much has been said, there is no kind of analogy. Dr. Strong was a regular graduate of the Berkshire Medical Institution. He had often expressed a desire to become a member of the Mass. Medical Society, and was prevented from so doing only out of regard to the feelings of his friends connected with the former institution. He finally did determine to join the Mass. Medical Society, and was on nomination at the time of Dr. Bartlett's trial. I was called to consult with Dr. Strong in the case of a young lady in Miss Grant's school, at Ipswich. I informed the District Society, to which I belonged, what I had done. At the annual meeting of the general Society, when Dr. Bartlett's trial took place, I stated the reasons for my consultation, and expressed my willingness, if it were

thought wrong, to submit to any discipline they might choose to impose. Now there is a manifest difference between a physician's placing himself in this attitude and taking the ground assumed by Dr. Bartlett, viz., that he would consult with whomever he pleased, whenever he pleased, and wherever he pleased, in violation of the by-laws of the society, which he had agreed to obey.

With regard to Dr. Bartlett's 12th allegation, that I objected to the reading before the counsellors of his letter, in which he says "he expostulated with the society in a most respectful manner," I did, I believe, in common with all the rest of that body, (at least, with a majority, for a vote was taken on the subject,) object to the reading of a long letter, which was printed and offered for sale at the bookstores. The ground of my objection was, that this letter was, generally, most disrespectful to the society, and intended to convey a gross personal insult to me in particular. If you turn to the first page of that letter, you will find the following language, which is totally at variance with Dr. Bartlett's present declaration that he does not consider Dr. Williams a practitioner of medicine or surgery, and that he did not consult with him, nor aid and abet him professionally, but only editorially :

"In the course of the investigation of this subject, it undoubtedly appeared manifest, that he [Dr. B.] had  PUBLICLY (*not covertly*) aided, abetted and been in consultation with certain medical gentlemen, contemplated in the 8th article of the M. M. S. laws."

He then goes on to quote part of the 8th by-law, defining what is meant by an irregular practitioner of medicine or surgery.

I wish here to say, I never have entertained any personal ill feeling towards Dr. Bartlett. It was with reluctance I undertook to conduct the prosecution against him. I took a friendly interest in him when he first commenced practice, and I now cherish no unkind sentiments towards him.

The Committee, in conclusion, respectfully ask to be discharged from further consideration of the subject,

For the Committee,

EDWIN M. STONE, *Chairman.*

A D D E N D A.

The following interrogatories and answers were accidentally omitted on page 16. The omission was not discovered until the work was too far advanced for insertion in their appropriate place. They should follow the answer to the question, "When did you take your degree?"

Dexter. How old was you at the time you received your degree?

Ans. I was 18 on the 14th of May previous.

Dexter. When did you become a member of the Mass. Medical Society?

Ans. I cannot recollect. As you have the books, you can ascertain by examining them.

Dexter. Is this your hand-writing?

Ans. It is.

Dexter. Then you became a member on — Feb., 1834. How old were you then?

Ans. I am not arithmetician enough to say the multiplication table. If any gentleman present can calculate this important question, I shall be obliged to him for his services.

Dexter. You were then between 22 and 23 years of age.

Bartlett. I have no doubt of the fact. I know I was 18 in 1830, and have reason to believe I shall be 27 in 1839. I hope this important point is now settled.

A P P E N D I X .

NEAR the close of the last meeting, Dr. Bartlett said he wished to read an affidavit from Dr. Waterhouse, and a letter from the French Consul, which were in answer to certain interrogatories he had propounded. Mr. Dexter said, if they were to be read in evidence, he should object, inasmuch as such evidence would be *ex parte*, and he should claim the right to cross-question. If read merely for information it was perhaps a matter of little moment, and he should not be strenuous, though he thought them irrelevant to the examination of this evening. No appeal was made to the Committee, and Dr. B. read the documents, which, having completed, were folded up and taken away by him. Two days subsequently, just at the close of the session, after the report of the Committee had been accepted, and the Committee discharged, the documents were placed in the hands of the chairman, with a request from the counsel for Dr. B. that they might be printed with the evidence. The affidavit of Dr. Waterhouse, the chairman of the Committee has not felt at liberty to incorporate with the evidence, not understanding it to have been offered as such at the time. This view was concurred in by two members of the Committee, he having no opportunity to converse with the others. But that the strict impartiality which the Committee endeavored to maintain, may not be reasonably impugned, the paper from Dr. Waterhouse is inserted in this appendix. The letter from the French Consul, relating to the diplomas of Dr. Williams, is not inserted, from a belief that the vote at the ninth meeting excludes it. The diplomas were not officially examined by the Committee.

To the questions severally propounded below and following, I, Benjamin Waterhouse, return the answers thereto appertaining under oath, as follows, and as propounded by John Stephen Bartlett, Doctor of Medicine of Harvard University, to wit, on this eighth day of April, in the year of our Lord one thousand eight hundred and thirty-nine.

1. Were you ever a member of the Mass. Medical Society?

Ans. Yes.

2. Were you ever expelled, censured, reprimanded, or in any wise subjected to the penal discipline of the Mass. Medical Society?

Ans. Not that I ever knew.

3. Did you ever by word, action, or letter, communicate to the officers of the Mass. Medical Society, your intention or desire to withdraw from the Fellowship, honorary or active, of that body?

Ans. Never.

4. Have you publicly recommended a certain Samuel Thomson, popularly known as the founder of what is called the "Thomsonian System of Medicine," as a great public benefactor; and as a man eminent for medical research and skill; and have you published or caused to be published such recommendation over your own proper signature?

Ans. I have.

5. Do you from personal observation and experience believe, that the Mass. Medical Society, has in the general sense, been productive of good or evil to the profession of medicine, or to the community at large, under its organization and by-laws as they existed in 1835?

Ans. I answer, that such restrictions as are contained in the by-laws of the society as above referred to, would not be tolerated in any civilized country, to my knowledge, excepting in this Commonwealth.

6. In your opinion, are restrictive laws, (professionally speaking,) calculated to promote the advancement of medical science, when they exclude those under their influence, from availing themselves of the skill or science of educated men, who prefer not to subject themselves to local regulations, although their professional eminence may be indubitably proved?

Ans. I think such laws improper, unwise, and absurd.

7. Is it your opinion, that a dissolution, or modified organization of the present Mass. Medical Society, would be for the welfare of the people of this Commonwealth, and for the interest of the medical profession?

Ans. I think, that in order to effect good, the laws and organization of the society require essential change and modification.

COMMONWEALTH OF MASSACHUSETTS.

MIDDLESEX, SS.

Cambridge, April 8, 1839.

Then personally appeared the within named Benjamin Waterhouse, and made oath to the truth of the within written answers to the questions within propounded, and declared them to be true to the best of his knowledge and belief. Before me,

ABRAHAM HILLIARD, *Justice of the Peace.*

Attest.

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AN ADDRESS

ON THE

PRESENT CONDITION, PROSPECTS AND DUTIES

OF THE

3733-10

MEDICAL PROFESSION.

DELIVERED BEFORE THE MEMBERS OF THE

MASSACHUSETTS MEDICAL SOCIETY,

AT THE ANNUAL MEETING, MAY 26, 1841.

By EDWARD REYNOLDS, M. D.

FELLOW OF THE SOCIETY.

BOSTON:
PUBLISHED BY WHIPPLE & DAMRELL.
1841.

A D D R E S S .

GENTLEMEN,

THE return of another anniversary of the MASSACHUSETTS MEDICAL SOCIETY, presents the usual causes of congratulation, in the harmony prevailing among its members, and the growing interest manifested in the pursuit of its important objects. United not for any private advantage, but for the advancement of medical education, and through it, the alleviation of human suffering, our periodical meetings are never unattended with pleasure or profit. Separated from each other over a wide extent of country, by the duties of a laborious profession, it is pleasant once a year to behold your familiar faces ; to reciprocate the interchange of kind feelings ; and to cheer each other on our arduous way. We can hardly assemble on these short

occasions without some mutual advantage. If they do not make us much wiser, they always make us happier; for we never separate without some kinder feelings, and without acquiring some new interest in each other, as well as the noble cause to which we have consecrated our talents and our lives.

In conformity to the custom of the Society, the last hour of another meeting is to be devoted to the consideration of some subject connected with medicine and surgery. It would afford me more pleasure on this occasion to be the hearer, than the speaker. I invite your attention to a few thoughts upon the present condition, the future prospects, and the consequent duties of the medical profession.

Each age, like each individual, is marked by some features peculiar to itself. The history of medicine teaches the striking fact, that it has uniformly caught the prevailing spirit of each age; and successively transmitted in its own character, a faithful representation of the folly or wisdom with which it was associated.

Our age forms no exception to this fact. Its peculiarities have become impressed upon the medical profession; modified its pursuits, and changed its character, in conformity to itself, as in all former times. It has imparted to medical investigations a large portion of its own exactness; imbued them with a full measure of its philosophical spirit and abounding zeal; with a purer, bolder love of truth; an indisposition to reverence any opinions simply because they

have grown venerable through age; a courage to prove all things, to take nothing on trust; to receive no opinion, and form no system which has not been submitted to the rigorous tests of observation and experiment; and a willingness to leave truth to work out its own way, in its own native strength, regardless of its result and its influence upon long-cherished theories.

It is a scientific spirit; the method of induction which has so long received the praise, but not the attention of philosophers,—that method for which Bacon receives all the credit, but of which, to the honor of medicine be it said, Hippocrates was the founder. The character of the age is eminently practical. All theory is regarded with more caution, and facts with more favor. The investigation of truth, less influenced by the imagination, is more under the direction of its only safe guides, observation, experience, the accurate cultivation of the senses, and rigorous analysis.

Such are the sources of the many valuable and splendid discoveries of modern science; discoveries, which constitute the chief ornament and the best boast of the age. Medicine and surgery, animated by the same improved spirit with which the sister sciences have been pursued, has kept an equal pace with them; and made more rapid advances than at any previous period, simply because a better philosophy prevails. It still represents, as in all other times, in its improved condition, the improvement of all other branches of knowledge. In the darkest ages, it

has never fallen below the prevailing level of the sciences. It shuns no comparison with them in this its brightest age. At all times, it could boast of its Sydenhams, its Harveys, and other kindred minds, whose modes of seeking truth were perfect models, and whose contributions to knowledge are stamped with the seal of endurance. It now boasts of many, who, distinguished for great accuracy of observation, and extreme caution in deduction, have been as useful by the influence of their example upon the profession at large, as by their valuable additions to medical science.

The last half century forms the most remarkable era in medical science. It has effected more, perhaps, than all other periods in improving the profession, separating it from false theories, laying for it more sure and enduring foundations, and confining it within the sphere of those facts with which it is strictly connected, and which alone afford just views of the body in health and disease, and proper indications and modes of cure. The same general spirit of improvement which has marked the progress of all the sciences, and elevated some of them to such perfection, pervades every branch of medicine and surgery. The industrious observation of facts has produced a more prevalent love of truth; banished the blind adherence to system, which so long retarded their progress; diminished the disposition so natural to the mind to search after the wonderful: and secured more respect for plain common sense in all medical matters.

Its salutary results are seen in our systems of education; in the improved modes of teaching that prevail in our schools, both public and private; in the introduction of clinical instruction at our hospitals; the important changes that have taken place in the modes of studying disease, and in the opinions respecting it; and numerous discoveries in physiology and pathology highly creditable to the science, and of great benefit to mankind; discoveries, which, among the many uncertainties of the medical art, and the difficulties that oppose the seeker after medical truth, are highly gratifying; and may be regarded, at the same time, as the rich reward of philosophical investigation, and the prelude to still greater achievement.

Such are some of the general modifications imparted to the medical profession by the intellectual character of the period with which it is associated. It may not be an unprofitable use of the present hour, to take a cursory view of some of the acknowledged improvements which have resulted from it, and which constitute the true boast of modern medicine and surgery.

The present period is distinguished for a remarkable diffusion of anatomical knowledge. No other branch of medical science exhibits the onward impulse of the age so much as anatomy. Its industrious and successful cultivation in Europe, with the brilliant results that have followed, has invested it with an unusual interest, and awakened a new diligence every where in its pursuit. Minute anatomy, especially, has

been prosecuted with extreme care; unravelled and described every organ of the body with great exactness. The aid of the microscope has revealed the nature and arrangement of some structures previously unknown; and so clearly established the value of extreme minuteness of anatomical investigation, and its practical application to the purposes of discovery, that its importance is now universally acknowledged. It is seen in some remarkable discoveries of great interest to science; and in the important physiological disclosures of which it is the foundation.

The diligent cultivation of general, especial and minute anatomy, forms a new era in the science. We are indebted to its zealous pursuit, for the extraordinary number of new and valuable works, which, for extreme accuracy of description, minuteness of detail, beautiful illustrations of art, and their excellence and perfection, have superseded those of any anterior period. It is the source of the improved modes of studying, describing, viewing and teaching anatomy now prevalent in many schools; the increased amount of knowledge demanded of Professors by the wants of the student; in the zeal for patient dissection that prevails among teachers and pupils; the more general conviction of the necessity of abundant anatomical knowledge to medical or surgical eminence; and a corresponding willingness to labor for its acquisition.

The successful cultivation of comparative anatomy, the cherished offspring of modern science, may be regarded as another evidence of medical advancement. In the culture of its ample field, so rich in physiologi-

cal treasures, the profession reaps an abundant harvest of knowledge. Its zealous pursuit, its adoption into the annual teachings of some of the best medical schools, and the deep interest it inspires, are sufficient proofs of its value. I need not remind this audience of the benefits thus conferred upon medical science, or the valuable truths thus added to physiology, by the Cuviers, the Bells, and others, who, in the pursuit of this interesting branch of study, have so admirably unfolded the philosophy of living structures, and the functions they are destined to perform; and so clearly illustrated the intimate connection between comparative anatomy and comparative physiology, and the anatomy and physiology of man. The general interest now manifested in the study of this noble science, so rich in the endless variety of its objects, and the sublime nature of the truths it unfolds, and the more comprehensive views of its paramount importance in the acquisition of physiological truth, are alike honorable to the learning and taste of the profession; and show, at the same time, an improved physiology, and a reasonable ground of expectation of future discovery in this delightful field of labor.

The diligent study of anatomy has given a great impulse to physiology as well as to medicine and surgery; stripped it of many false theories with which it was encumbered, and given it a more rational form and scientific character. The two sciences have always gone hand in hand together, mutually aiding and interpreting each other. Every advancing step in anatomy has been, at all times,

the precursor of a corresponding improvement in physiology. Its unusual progress during the last quarter of a century, and the new fields, which, almost within that period, have been laid open for its investigation, may be regarded as the harbinger of a brighter day than has yet shone upon it.

An equally fertile source of pathological truth is discovered to the profession, in the extensive cultivation of pathological anatomy. This also is the offspring almost of modern times. A few years only have elapsed since this, now "the fairest province in the land of science, was a barren and uncultivated waste;" or explored only by an occasional traveller, like Morgagni, who, in the riches gleaned from it, first made known its inexhaustible treasures. It has since been assiduously cultivated by many laborers; among whom may be mentioned with especial respect, Bichat, Baillie, Louis, Andral, Hunter, Bouillaud, Rayer, Carswell, Cruveilhier, Meckel; to whom, I perhaps may be permitted to add, in this place, our own Jackson,*—who are all endeared to every lover of science, by the valuable additions they have made to it. Their writings and museums will long outlive the perishable monuments that surviving friendship may erect to their memories.

We are greatly indebted to these individuals for a great amount of positive knowledge respecting the changes effected by disease, never possessed before, for the rectification of many errors, grown venerable by age, for an improved diagnosis, the subversion of many false systems which have prevailed to the

* J. B. S. JACKSON.

disgrace of science, a great advance and improvement of the art; and though last, not least, to the spirit of philosophical inquiry, the present guiding spirit of medical study, which, whether we compare the present with the past, or look beyond the present to the future, fills us with hope and expectation.

Morbid anatomy may be regarded as one of the essential supports of the medical edifice; the chief corner-stone, upon which it may repose in security. All its teachings are facts, destined to assume a permanent place in the science. Already it has greatly improved the whole domain of medicine and surgery, and led the way to results which are a just source of professional pride, and a pleasing assurance of still higher advances towards the perfection of the art.

The astonishing progress of chemistry, is another triumph of modern times. Its application to physiology has done something to increase our knowledge, and the future prosecution of its exact labors affords the promise of more. Its application to pathology has corrected some errors, revealed some interesting truths, and suggested several therapeutic agents, of great value in the relief of disease. It is so intimately allied to the medical science, that its rapid progress cannot be regarded without deep interest, and the belief that physiology, pathology and therapeutics may look to its future discoveries for some material aid in their advance to improvement.

In enumerating the improvements of medicine, intimately connected with the above pursuits, the

first place should be given to the discovery of auscultation; for which we are indebted to the immortal Laennec, who first detected the murmur of respiration, and the several modifications it undergoes during the diseases of the chest; a discovery making us better acquainted with the physical alterations of the lungs and heart, by rendering their physical effects sensible, and second in importance to none within the whole range of medical investigation; scattering the obscurity that always rests upon this important class of diseases, to the mere observer of symptoms, and affording in many instances certainty for doubt, and the assurance of science for the doubtful suggestions of the imagination.

The science of auscultation, based as it is upon fact, experience and observation, demonstrated by the unerring results of morbid anatomy, and having truth for its foundation, has survived the reproaches of ignorance, and the various forms of opposition it was destined to encounter at its first announcement, and gradually secured the attention and respect of physicians, until its claims are universally acknowledged. No man now claims the character of an accomplished physician, who neglects its cultivation. Assiduously studied during the last twenty-five years, it has attained a great degree of perfection, and is justly regarded as the greatest triumph of modern medicine.

By the aid of this splendid discovery, the well-educated pupil is qualified to distinguish thoracic diseases, with an accuracy that would have surprised the veterans of former days; to detect them in their

incipient forms; to trace their origin, amid groups of symptoms calculated to mislead the mind, to their unsuspected source; to separate curable and incurable cases; and to act in all cases with a degree of wisdom, and occasionally with an energy, that uncertainty never secures.

But a discussion of the merits of this invaluable discovery, and the various ways in which it proves a solace to the physician, and a blessing to the sick, is obviously unfitting to the present occasion. Your own experience affords a sufficient test of its value. Your voluntary tribute of gratitude to the discoverer, is the best evidence of its claims to your respect and regard.

The thoracic cavity is not the only region which has been illumined by morbid anatomy; nor are its diseases the only affections which have put on the definite, enduring forms, with which science always invests the objects of its legitimate research. It has penetrated every region of the body; and revealed many important facts respecting their obscure diseases, that will always rank among the certain things of medicine; as the connection of typhus with a diseased state of the mucous membrane, especially the mucous glands of the bowels,—at all events, the more frequent concomitance of gastro-intestinal inflammation, whether it be a cause or an effect, than any other lesion. The same guide also exhibits the occasional connection of typhus with pneumonia, inflammation of the veins, and other lesions of other organs. It teaches, also, the fact, that from the commencement,

it is sometimes an alteration of the blood, without any appreciable lesion following the introduction of poisons and miasmata into the system.

There is much in this, and all disease, which the Creator has veiled from the penetrating gaze of human curiosity. While the destiny of man remains unchanged, this veil will never be wholly withdrawn; and the physician will be left, as now, to the humble office of a faithful observer, and a diligent recorder of facts. Facts must ever constitute his main strength. If they do not teach all things, they daily teach much that is useful and satisfactory. If we are not able to cure diseases better than our fathers, we have more definite and philosophic notions respecting them. It is something, to have escaped from the dominion of their unscientific nosographies; to hear less of inflammatory, bilious, nervous and putrid fevers; and perhaps to commit less frequent errors in practice, under the sanction of a name; to have learnt, though the lesson is taught by the triumphs of death, that the typhoid state may be developed by a number of causes wholly different from each other; to understand, when Pneumonia or Phlebitis is its base, why its course is so rapid; when the intestinal follicles is the accompanying lesion, why it is so slow; that their ultimate seat is identical, though their origins may differ, and to comprehend the reason of their varieties, in the various causes that have produced it.

The diligent pursuit of the same means has added many other important facts to our knowledge; as the inflammatory nature of acute rheumatism, and its

almost invariable co-existence with Pericarditis and Endo-Carditis. It has accumulated a rich treasury of facts in the various diseases of the brain and its membranes, and other portions of the nervous system; which relieve us of much painful uncertainty, even when our therapeutic agents are inoperative, and enable us to enjoy the pleasures of science while suffering the sorrows of unsuccessful efforts to save life.

Many valuable contributions have been made to our knowledge of the diseases of the urinary organs. The recent discoveries in animal chemistry, and the investigations of morbid anatomy, under the scientific labors of Bostock, Brodie, Prout, Bright, and others, have revealed many positive facts hitherto unknown, which cannot fail to improve the diagnosis and treatment of these difficult and insidious affections.

Such are some of the changes effected by the progress of medical science. Time forbids a further enumeration, which might with propriety be extended over the whole domain of medicine; for all diseases have submitted more or less to the revolutionary hand of modern improvement. The result, in a word, is every where more correct opinions respecting the origin, the seats, and the effects of disease, an improved diagnosis of all disease. The diagnosis of one, and that perhaps the most important class of diseases, has attained a degree of perfection that leaves little or nothing to be desired.

The modifications of Therapeutics, under the searching observation of modern science, are neither

few nor unimportant. The application of the same philosophic spirit to Therapeutics, under which the other branches of medicine have attained their present improved condition, has taught a better appreciation of the powers of nature, or that interior force, which, presiding over all the phenomena of life, is continually combating the tendencies of physical and chemical laws, and constantly striving to maintain the body in a condition of health, and to restore it in disease; a more accurate knowledge of the tendencies of all diseases to health, or to destruction; and the means best calculated to favor or combat these tendencies; the discovery of the fact, that no medicine is capable of curing any disease by its own, individual power; and that it effects a restoration to health in all disease, only in proportion as it may favor the action of nature in her restorative efforts; and a more abiding conviction, that nature is capable of curing many diseases, under a proper dietetic system, without the aid of medicine,—of which we have abundant evidence in the confiding trust of the scientific physician, and the harmless fooleries of the disciples of Hahnemann. These simple truths may be said to form the groundwork of the therapeutic revolutions of modern medicine.

Therapeutics, in less enlightened ages considered the easiest, is now known to be the most difficult branch of the medical profession; demanding, in its advance to certainty, a spirit of observation, a soundness of judgment, and a freedom from preconceived opinion, that fall to the lot of few individuals; a mind

thoroughly imbued with pathological knowledge; capable of appreciating disease, anticipating its character and tendencies, and judging accurately under every combination of circumstances, when the safety of the patient depends on a prudent trust to the operations of nature, or an active recourse to medical treatment. John Hunter used to say, "I have hope of the profession, because physicians have ceased to know all things." A better knowledge of the difficulties to be encountered, may be regarded as one of the improvements in Therapeutics, and the first necessary step to a victory of them.

It cannot be pretended, that the advances of practical medicine have been equal to the discoveries in its elementary branches. Our progress consists less in an increased power of curing disease, than in a more accurate knowledge of its causes, nature, relations and tendencies. And yet, the remarkable modifications of modern Therapeutics exhibit, amid all the obvious difficulties that invest the subject, a marked superiority in all that relates to the prevention of disease, the comfort of the patient during its continuance, and his safety; both in those cases which may be confided to nature's unaided efforts, and those requiring the energetic interference of art. This superiority is seen in the greater simplicity of its means, the introduction of some very valuable medicines, a better knowledge of the operation of all medicines, and the true share which they take in the cure. The change is not one which diminishes our

confidence in medicine. On the contrary, our belief in its utility is increased. With an expurgated pharmacopœia, a diminished array of specifics, a more rational, though less confident trust in the specific power of medicine, and the conviction, that in some cases it is useless, in others, injurious, and in others, judiciously applied, absolutely necessary to save life; it is more worthy of regard, because conjoined to a better understanding of disease, more rational views of the action of medicine, and an enlightened confidence in the powers of nature; it conduces with so much more certainty to the comfort of the sick, and the relief and cure of disease.

It would not be an unreasonable expectation, that the extension of medical light to the community should abate the prevalence of medical folly, except for the fact, that the fountains of human credulity, flowing on in undiminished fulness for six thousand years, are evidently inexhaustible. Each periodical advancement of the art has been attended with a corresponding paroxysm of abounding faith in systems remarkable for nothing so much as their absurdity. It is just so now. The present period is equally noted for medical improvement and medical folly. The noblest era of the science proves the most balmy day of medical pretension, in all its forms, from the devices of the host who attempt to practise the art without learning the science, to the various so called systems, which, emanating from the profession itself, present their claims to the notice of a believing community.

The most remarkable of these, at present, is *Homeopathy*, a system, if it deserves the name, "which sets aside all former observation; contradicts all former experience; upsets not only all theory, but all facts; declares war against the inductive science; and acknowledges no organic alterations;" which sees in all diseases, only the immaterial changes of a spiritual principle, and in all remedies, only the result of spiritual forces.*

A system which gravely tells us that diseases and their causes are not material, but merely immaterial changes in ourselves; that there is nothing in them mechanical or chemical; that they do not depend on a morbid, material principle, but are only partial alterations of spiritual, or, as Hahneman sometimes calls it, synonymously, *dynamic life*.† That it is by the observance of symptoms alone, that the physician, however sharp-sighted he may be, can learn any thing of the nature, character or treatment of disease.‡

That the worst species of chronic diseases, and the most incurable, even by Homeopathic means, are all produced by the heroic remedies of unskilful *Allopathic* physicians.§

That the only real, fundamental and productive cause of all "*proper or natural* chronic diseases" (all such as are not produced by Allopathy), such as the numberless forms ranging under the name of nervous weakness, hysteria, hypochondriasis, imbecility, mania, melancholy, epilepsy, spasms of all kinds, rickets, caries, cancer, fungus hæmatodes, gout, hæmorrhoids, jaundice,

* Note A. † Note B. ‡ Note C. § Note D.

dropsy, amenorrhœa, hæmorrhage from the stomach, nose, lungs, bladder or uterus, asthma, abscess of the lungs, sterility, deafness, cataract, gravel, paralysis, lameness, and pains of a thousand kinds, is nothing more or less than the *itch*. And that all others, not falling within the legitimate sphere of this great productive cause, are generated by the miasma of syphilis or sycosis.*

That the only mode of curing any of these, is by the administration of infinitesimal doses of some agent, which given in health would produce the disease.† That these doses, to be effectual, must be infinitesimal,—the more so the better,—at all events, as infinitesimal as the millionth or the decillionth part of a grain.‡ Nay, even the aura continually streaming from one of the little sugar granules, weighing only the hundredth part of a grain, and contained in the tiny Homeopathic bottles, where it has been drying twenty years, will retain all its strength during that long period, provided the bottle has not been uncorked for use oftener than 1000 times, and snuffed up into the nostrils; or, if the patient has a catarrh or a polypus, breathed through the lips, it will be found as powerful as the real Homeopathic granule itself; cure disease not only quicker but in a more gentle manner, and, carried in the pocket ready for use on all occasions, will relieve the patient of all need both of druggist and doctor, for the remainder of his days.§

|| That the active properties of all medicines become developed in proportion to the minuteness of the dose,

* Note E. † Note F. ‡ Note G. § Note H. || Note I.

and the friction or shock communicated by the number of shakes given to the vessel in which they have been dissolved, if they are to be prepared in a liquid form; and the amount of rubbing in the glass mortar, to which they are subjected when destined to assume a solid form. Such is the mighty influence of the shakes, and the friction thus communicated to medicine, that the cautious author of the system kindly warns us, in their preparation, never to exceed ten energetic shakes, from above downwards (*Schüttel Schläge*) in the former case, and the period of one hour in the latter, lest it should develop the inherent virtues of medicine to an alarming extent. Indeed, he cautions his brother Homeopaths against the dangerous shaking of the medicine ever after, if unwittingly carried about in their pockets, while visiting their patients; attributes their former ignorance of this fact to a want of accurate observation; and assures us, that a more abundant experience, and a closer observation, have at last taught him, that to obtain the necessary power locked up in a drop containing the millionth or the decillionth part of a grain of medicine, two shakes are actually as good, and even safer than ten,—of the truth of which we have no manner of doubt.*

Such are the chief elements of Homeopathy, or the “transcendental reverie of a German charlatan,” as gathered from the peculiar and uncommon dialect of the *Organon*; which, unequalled in folly by the wildest ravings of Paracelsus, lays its bold claim to

* See Note J.

favor, as the last, the best, and the ultimate point of medical perfection.

Its progress is only another evidence of the extreme credulity in medical matters that has formed the feature of every age; the morbid love of the marvellous, which characterizes a certain portion of every community by no means the least informed; the slowness with which medical knowledge finds its way to the public mind; and the readiness with which the sick seize upon any system however absurd, which, like this, has expunged the word *incurable* from its vocabulary.* It has been forty years travelling from the obscure place of its birth to our transatlantic shores. It is probably destined, like Mesmerism, and all other kindred species of medical humbuggery, to have its run; and after, in its turn, heaping another full measure of ridicule upon the healing art, to transmit, at its death, as a compensation for the temporary injury inflicted upon a noble profession, more abundant proofs of the successful manner in which nature triumphs, under a regulated diet, over many diseases, without the help of art. From a careful observation of human nature, we have long since ceased to wonder at any credulity of the sick, however great its amount or its absurdity. But that any well-educated physician of the present day should be found among the believers or the propagators of such "mystical nonsense," excites our surprise, and must form an apology for occupying the attention of this practical audience with it.

* Note K.

Surgery, during the last thirty years, has reached a high degree of perfection. From the time of John Hunter to the present day, it has been advancing with extraordinary rapidity; laying its foundations more and more deep in healthy and morbid anatomy; continually strengthening its connections with medicine; enriching itself with pure, pathological principles; and thereby augmenting its curative power; extending its boundaries, and strengthening its claims to the dignity of a science. The nature of inflammation, the character and tendencies of its various terminations, the constitutional causes that modify its action, when acute, chronic, scrofulous, peculiar or specific, are better understood and more fully appreciated. Whence the various improvements in the treatment of wounds, whether the result of accident or the surgeon's knife, the application of ligatures, the management of fractures, simple and compound, now more or less familiar to the least observing, and so conducive to a safe and speedy cure; and not unfrequently the cause of saving not only a limb, but a life, which in former days would have been sacrificed to the prevailing ignorance of the simple principles, which first originated in the great mind of John Hunter, and have since become the common property of every well-educated physician and surgeon.

A comparison of modern surgery with that of any former period of its history, is highly creditable to the industry and talent of its present cultivators. Every department of the science has felt the influence of the pure principles with which it has become associated.

It may be seen in the improved modes of surgical education, the increased amount of knowledge required for its pursuit, the more scientific character of its writings, the improved diagnosis, and the more definite distinction between those diseases that are amenable to internal, and those which demand the aid of mechanical, remedies; between those which yield to a judicious combination of both, and those which present a malignancy that resists all remedies.

The perfection of modern operative surgery is at once the evidence of superior attainment in anatomy, and the ingenious and fearless spirit of the cultivators of this mechanical branch of the profession. The ingenuity of its devices, and the consummate skill of its execution, have never been equalled, and will probably never be surpassed. Confident in the possession of perfect anatomical knowledge, it has overleaped the barriers apparently set up by nature to its encroachments; successfully pushed its way onwards to the performance of almost miraculous feats; and shown that nothing is too delicate or too difficult to resist the efforts of its daring skill. Operative surgery has, perhaps, attained its highest point of attainment; and leaves few laurels for its future votaries, except for discoveries, which, in the progress of improvement, may, like Lithotrity, mitigate the sufferings and diminish the dangers of surgical operations, or serve as substitutes for them.

This is all well. It adds another source of confidence in our noble profession, by the assurance, that when the condition of the constitution and the

character of the disease present no obstacle to the operator, the patient may submit without fear to any effort of mechanical skill.

But surgery now boasts of a better triumph, in a diminished fondness for surgical operations among well-informed members of the profession; in a growing love of medical knowledge, an improved pathology, a more skilful diagnosis, and a better treatment of disease. From the days of John Hunter, who laid the first foundations of medical surgery, there has been a constant increase of knowledge among surgeons; a more intimate blending of the different branches of science, and a consequent diminishing love of operative surgery. The distinction between curable and incurable disease, between those cases which are capable of yielding to medical, and those which must be abandoned to mechanical treatment, is better defined. The successful cultivation of anatomy, physiology and pathology,—the peculiar professional feature of the age,—rescues a multitude of cases from the domain of mechanical, and transfers them to the curative efforts of medical surgery. The records of public and private practice exhibit a marked diminution of operations. Under the searching investigations of modern experience, the pruning-knife has been applied to surgery, as well as to medicine. Enlightened by its accurate teachings, and warned by its numerical tables, the excision of the female breast, the testicles, and other glands and parts affected with cancerous and fungoid disease, has become less frequent. A more scientific,

protracted, constitutional treatment, and a more confiding trust in nature precedes the amputation of a limb. The operation of trephining, in injuries of the head, is comparatively a rare occurrence. While we fully appreciate the merits, and admire the skill, of all necessary operations, and pay the grateful tribute of respect to the performers, the kindlier feelings of nature rise up against all which are unnecessary; and especially those which are undertaken as much for the fame of the operator, as the chance benefit of the patient; of which the records of surgery in all times, past and present, exhibit too many examples. The voice of science, as well as of nature, is now able to utter her disapprobation on all such occasions.

A view of the present condition of surgery, with its diminished taste for operations, its philosophic modes of treatment, so much simplified and improved, and its favorable results, as evinced in the various injuries of the head, the management of hernia, scrofula, compound dislocations, simple and compound fracture, aneurism,—indeed, of all external diseases,—is highly creditable to the professional head and heart. It shows the great superiority of medical to mechanical surgery, and the extent to which a more enlightened pathology has elevated the science.

The domain of operative surgery has been materially extended, by the addition of several new branches. The investigations of Stroymeyer have enriched it with Tenotomy, which, from the simplicity of its manœuvres, and its easy application to many species of distressing deformity, may be regarded as one of

its beautiful triumphs. It affords another proof of the intimate connection of anatomical research with the advancement of surgery, as well as medicine. We are indebted to morbid anatomy for the development of the unnatural condition of the joints and muscles, which first led the way to this invaluable discovery, as it has to almost every other in surgery.

Surgeons of all countries have now applied it to the numerous species of deformity originating in unnatural muscular contraction, with an amount of success as gratifying as it is useful. Its easy adaptation to the several varieties of club foot, contracted joints, torticollis and strabismus, has been almost uniformly successful, and promises materially to diminish this class of affections. The simplicity of the discovery excites our wonder that it was so long unknown; its extensive utility calls forth our gratitude to the discoverer, and our pride in an art so rich in blessings to mankind.

Plastic surgery, so successful in repairing other kinds of deformity, and certain cases of distressing disease, is another, and no mean or unimportant, addition to the art. Though not of recent origin, it has been much perfected by the talent of modern operators. It is certainly a source of gratification, that surgery, whose office has so long been that of taking away parts of the body, has at last learnt the science of forming them anew; that, having been so long a notorious scar-maker, she has now become a great scar-mender. We hail the return of the Taliacotian art, after its slumber of ages, back to

the profession. We never see a new nose skilfully replaced, a new lip transplanted from beneath the chin, or a new eyelid neatly formed from the temple, without a feeling of pleasure, greater than can be produced by the removal of a limb, however skilfully executed, or the excision of a breast, however adroitly performed.*

The last thirty years have been noted for the successful cultivation of ophthalmic surgery. It is within the memory of some who hear me, when the interesting diseases of the eyes were wholly neglected in this country, or the object of attention to a number so limited, as to be incapable of proving extensively useful to the profession or the community. Its adoption into the profession may be regarded as another valuable addition to the science. The establishment of public Eye Infirmaries, where a wide field of observation is thrown open to the pupil, is eminently calculated to advance the study of pathology. Perhaps no other organ is so well adapted to the purposes of pathological observation as the eye. It presents, in its compound structure, a perfect specimen of all the tissues of the body, and, consequently, a perfect example of all its diseases. Its beautiful transparency enables us to watch the progress of morbid action with great accuracy; to discern all the modifications and consequences of inflammation in the various tissues (of course, the same in the eye as in all other parts which are concealed from view), and the effects of remedial

* See Note L.

agents; and renders it obviously one of the most easy and beautiful objects of medical study.

Our public opthalmic institutions annually send forth a large number of pupils laden with the rich fruits of an ample experience, and the abundant ability of extensive usefulness.* A general interest is awakened in the investigation of the diseases of the eyes. Ophthalmic surgery is beginning to be considered a necessary branch of medical education. The time is not distant, when its high claims will be generally acknowledged here, as in Europe, by every well-educated physician. Its rich soil, so successfully cultivated by some of the most eminent pathologists, cannot be examined without a valuable harvest to all future laborers, who found their expectations of medical success on accurate pathological knowledge.†

The diseases of the ear, almost wholly neglected from the time of Hippocrates to the present day, have been carefully studied of late years. A minute study of the anatomy, structure and functions of the organ, has at last thrown some light upon its obscure affections; discovered in its middle chamber some causes of deafness previously unknown; and in the application of appropriate remedies, by the Eustachian tube, it holds out some slight hope of success in the management of a portion of its hitherto abandoned and uncomprehended diseases. A more careful dissection of the internal ear, in cases of congenital deafness, reveals some morbid changes not known before; and has added a few facts to our knowledge,

* Note M.

† Note N.

if it has not increased our ability of relieving these unfortunate cases. The observations of Kramer, Delau, Itard, and others, enable us to classify the diseases of the ear; to distinguish those of the external, middle and internal chambers with tolerable accuracy; to separate incurable from curable cases; and to regulate the treatment of the latter upon more scientific principles.

A knowledge of the morbid changes of the ear, from the difficulties attending their dissection, and the small number of cases presented for inspection, is necessarily very imperfect; and will, probably, for a long time, continue to be so. It is probable, that future discoveries may increase the number of facts, without materially advancing the success of curative means. Aural surgery is, on the whole, much less satisfactory in its results, than the amount of knowledge already acquired, and the writings of its cultivators have induced us to expect. It is, notwithstanding, capable of relieving a considerable amount of disease; and may be considered, in its present improved condition, an important addition to surgical science.

These contributions to modern surgery are, of themselves, abundant evidence of its progress. But there is no part of her wide domain unmarked by the hand of improvement; no class of her many diseases, which does not exhibit proofs of more accurate knowledge, and more simple, more ingenious, and more efficient remedial agents. Wherever we turn, we find a more enlightened pathology, and,

as a natural consequence, the discovery either of new modes of treatment, or a more judicious and scientific application of those already known.

The diseases of the joints have been classified, under the light of anatomy, according to the several textures entering into the composition of these organs; their diagnostic marks settled with great accuracy; and their treatment determined upon philosophical principles, and in strict accordance with their pathological conditions. The vague ideas formerly attached to the terms, white swellings and scrofulous joints, without any well defined meaning, and indiscriminately applied to all the diseases of the joints, were, at the same time, the convenient cover of ignorance, and a prolific source of gross and fatal errors in practice.

The obscurity in which these difficult and insidious affections were formerly involved, has vanished under the clear light of anatomy, and the careful inquiries of science. Inflammation of the synovial membrane, with all its varieties and consequences—ulceration of the articular cartilages, with all their causes and dreadful results—scrofulous disease, with its constant peculiarities—and the malignant affections of the joints, are the names of things now clearly understood, and each the subject of treatment, simple, scientific, and more successful than at any former time. The pathology of all these maladies, now well known to all who have studied the subject, either in the admirable writings of Brodie, or by following the strictly inductive path opened by him for their investigation,

constitute, at the same time, a splendid evidence of the value of anatomy in its application to medical study, and one of the most satisfactory improvements of surgery.

The investigation of the diseases of the rectum, which rank among the most annoying affections of the body, has been followed by the most satisfactory results. The nature of hæmorrhoidal tumors, prolapsus, fissure, stricture, blind sinus, polypi, and some others, is now well understood; their symptoms so clearly defined, that the diagnosis is easy, and the principle of cure manifest. Their treatment is distinguished by improvements, as simple in the application, as they are successful in the relief of disease.

The pathology of the glandular system is greatly improved. The great confusion formerly resting upon the diseases of the breast and testicles, has passed away. The well-educated pupil is now able to discriminate them, under the various modifications presented by the action of inflammation, in its several varieties; to treat them with skill, and decide when they are the subject of medical, and when of surgical aid. The progress of pathology is marked by corresponding evidences of improvement in the diseases of the osseous system, the urinary organs, the specific inflammations, and, indeed, in every department of surgery. It would exhaust your patience, to speak of the improvements in the treatment of wounds and fractures, the cold water dressings, and the immovable bandage, and the many changes in the treatment of disease, which result from the observation and

experience of modern surgery. The present occasion is obviously insufficient for the simple enumeration of the various additions to surgical pathology and therapeutics, which would singly form an ample and a useful topic of discussion. This general view suffices to show, that the present falls behind no other age in a diligent use of opportunity; and that it has perhaps made a more valuable progress than any other, since all the means of its advancement are calculated by the anatomical character of its researches, and the statistical nature of its observations, to give a greater degree of exactness both to medicine and surgery; and to found the science on truths more certain of endurance, because of a more positive character.

Another, and a most pleasing evidence of medical advancement, is the improved condition of professional feeling, the urbanity of manners, the courtesy, the kindness, the respect for the rights, the reputation and the acquirements of each other, which exist among us, and which generally characterize the members of this large society; the marked diminution of the little jealousies, the anger, and the evil speaking that, in almost all other places, and all other times, have been the reproach of the medical profession; but which this Society and the Boston Medical Association have done more, perhaps, than has been effected in any other community in the world, to wipe away from her otherwise fair escutcheon. It is seen in the harmony that prevails for the most part in our public counsels, and in our more private walk

with each other; and in the increased respect with which we are consequently regarded by an intelligent community. This is partly the result of the excellent regulations and the praiseworthy designs of this Society. It is also the evidence of a higher condition of medical attainment; an indirect proof of a more scientific pursuit of medical truth; the existence of a more fixed standard of medical reputation; and a more extended conviction that the surest path to enduring medical fame is the acquisition of accurate knowledge in anatomy, physiology and pathology, and the cultivation of the kind, honorable dispositions that generally characterize the truly scientific man.

It appears, then, that the abounding zeal and talent of the profession have greatly advanced the condition of its elementary branches. The extended cultivation of these has laid the foundation of a more accurate knowledge of disease; and led the way to many improvements in the practice both of medicine and surgery; to discoveries of great value; the addition of several new branches of surgery; improved modes of study, and an elevated moral and intellectual professional standard.

The study of morbid anatomy, especially, has given a precision to diagnosis unknown before; and otherwise elevated the science, by basing it upon the positive truths of pathology; thereby rendering it more permanent, and less liable to be subverted by the progress of future discovery. But it still remains an unfinished work. Anatomy and physiology are certain guides to many of the truths of pathology;

but not to all of them, since there are many diseases, of which these sciences teach but little; some, of which they teach nothing; and a large proportion, in which they express only the organic consequences of morbid phenomena, which are still unexplained.

Practical medicine, therefore, has not advanced in the same degree as its elementary branches. However valuable the latter have been in giving exactness to the science, and correcting many of its errors, they still leave us,—in the great practical business of the physician—studying the character of disease during life; recognizing its phenomena before they have produced fatal changes of structure; and applying the successful means of cure,—but little if at all advanced beyond the judicious, practical observers of all ages.

The great aim, therefore, of our future labors is, to render an exact knowledge of pathology more subservient to the benefit of man, in learning the causes, and in the prevention and removal of the many diseases of which he is the heir. Perfect attainment in medicine is impossible. The decree of Heaven, which writes man mortal, and the complicated and difficult nature of the inquiry, forbid even the hope of this. The facts of medicine being living phenomena, and constantly influenced and modified by a thousand agencies beyond our control, are more difficult to be seized, and correctly analyzed, than the fixed, definite objects of other sciences. Extensive knowledge, accurate observation, great soundness of judgment, and a comprehensive view of the mutual

relations of all the branches of medical study, are necessary to afford security against constant deception in the formation of correct opinions, especially in regard to the efficacy or inefficacy of remedial agents.

The retrospect of the past, however, is encouraging. While the inherent difficulties of the science tend to moderate expectation, its recent progress encourages a hope that the accurate observation, and the improved reasoning powers of its future master-spirits, may, although it must ever stop short of full attainment, excel us as much in the practical application of pathology to the cure of disease, as we have our predecessors in the condition of its elementary branches. Something may be expected from the continued cultivation of these. Statistical medicine, when its more universal application shall have corrected the errors of incompetent observation, will doubtless give greater precision to the study of medical facts, and advance the knowledge of therapeutics in common with all the other branches of the profession. The recent labors of physicians have been in the prosecution of those studies that tend to render medicine exact. The remaining labors will be those that tend to render it practical. The success that may crown this more difficult task, lies concealed in the future. Whatever be its amount, we doubt not, that it will be equally honorable to the progress of the human intellect, and in the highest degree conducive to the welfare of man.

The elevated standard of the medical profession, while it gratifies pride, and animates hope, imposes upon all its followers duties and obligations of no ordinary importance. It evidently demands more knowledge than at any previous period; and should stimulate us to an industrious pursuit of the various sciences on which it is based; a more ardent love of the science; and a stronger interest in its welfare and progress; a more careful cultivation of the observing and reasoning faculties, diligent study and extensive reading, that we may keep pace with the constantly increasing information and discoveries of the day.

The fields of anatomy are not yet exhausted. The hand of diligence will bring forth many treasures that yet lie concealed beneath the surface of its much cultivated ground. Much as morbid anatomy has already done in giving exactness to medicine, unravelling the processes, and explaining the history of disease; and teaching the physician and surgeon the true ground, both of their hopes and fears, and the proper direction of remedies; it is destined, in the hands of its future cultivators, to secure still greater triumphs, both in the knowledge and the treatment of disease. It should be pursued, therefore, with a diligent, but not with an exclusive spirit; remembering that it unfolds only a portion of the hidden things of pathology, and reveals only the incurable states of certain diseases, and little or nothing of many functional disorders, which constitute a large portion of the daily business of the medical practitioner. A

knowledge of these can only be derived from a faithful study of disease in the living body. Each should receive its due consideration.

The treatment of disease, until a better knowledge is obtained, must be found in a rational empiricism, based on the result of the observation of all times. The cultivation of modern medicine is not without its faults. We do not study disease in the dead body too much; but we study it in the living body too little. In the pride of more recent discovery, the merits of our predecessors are perhaps not sufficiently valued. In throwing off their consecrated errors, we may have swept away some of their valuable truths. The human mind always tends to extremes. A certain amount of skepticism emanating from high places in the profession, has propagated its contagion to a considerable extent; and may be as injurious, in some respects, to the interests of the science, as the empiricism or the dogmatism of former days.

While we concentrate the light of the exact sciences upon disease, and strive to excel those who have gone before us, in a faithful observation of the living body, correct analysis, and accurate deduction, we shall perhaps advance the interests of the profession more by a rational confidence in remedies sanctioned by the experience of all times, whether we understand their action or not, than by the indulgence of a skepticism that is not always harmless because it is fashionable; or a vanity which blinds us to the fact, that no age in medicine has been without

its accurate observers; and that our age, however brilliant in discovery, is indebted for much that is invaluable in practical medicine, to the wisdom and experience of those who have preceded us in all ages.

Since our last annual meeting, Sir Astley Cooper, the most distinguished honorary member of this Society, after having done more for the advancement of surgery than any other man since the days of John Hunter, has paid the debt of nature, and gone down to the grave full of years and honor. Those of us who were favored with his acquaintance, will ever bear his unsolicited kindness in affectionate recollection; and pay the tribute of our unqualified admiration to his wise teachings. England claims the honor of his birth. His well-earned fame is the cherished treasure of a grateful world.

Dr. Thomas Miner, another honorary member, well known by his contributions to medicine, and his various learning, adds another to our list of departed brethren. It is our painful duty to record the death of Doctors Silas Allen, James Holland, Uriah Hagar, and Nathaniel Swift, who, having faithfully served their day and generation, are gathered to the fathers,—all of them in a good old age; the eldest having attained the term of 78, and the youngest 62 years.

It is somewhat remarkable, that in a Society composed of nearly 800 members, so few should have died

in the space of a year; and that each of these should have left, in the number of his years, so satisfactory a testimony to the healthfulness of the medical profession. Our necroscopic records present an annual evidence of the limited power of medicine; and a motive urging us to diligence in the use of the rapid period allotted to each of us for the advancement of our useful, though difficult science.

N O T E S .

The following quotations, which form the basis of the statements in the text respecting Homeopathy, are from the fifth enlarged and improved edition of Hahnemann's *Organon*, published at Dresden, in 1833. The principles of Homeopathy, as set forth in the address, are of so extraordinary a character, that it was thought best not to publish them without quoting the author of the system, in the original language of his book; which, to the best of my knowledge, has not been translated,—at all events, not in this country.

NOTE A.

“Im gesunden Zustande des Menschen waltet die *geist-artige*, als Dynamis den materiellen Körper, belebende Lebenskraft unumschränkt und hält alle seine Theile in bewundernswürdig harmonischem Lebensgange in Gefühlen und Thätigkeiten, so dass unser inwohnende,

vernünftige Geist sich dieses lebendigen, gesunden Werkzeugs frei, zu dem höhern Zwecke unsers Daseyns bedienen kann."—*Organon*, §9, p. 83.

"Wenn der Mensch erkrankt, so ist ursprünglich nur diese *geistartige*, in seinem Organism überall anwesende, selbstthätige, Lebenskraft durch den dem Leben feindlichen, dynamischen Einfluss eines krankmachenden Agens auf sie verstimmt; nur die zu einer solchen Innormalität verstimimte Lebenskraft kann der Organism die widrigen Empfindungen verleihen und ihn zu den regelwidrigen Thätigkeiten bestimmen, die wir Krankheit nennen."—*Organon*, §11, p. 84.

"Einzig die krankhaft gestimmte Lebenskraft bringt die Krankheiten hervor."—*Organon*, §12, p. 85.

"Daher ist Krankheit (die nicht der manuellen Chirurgie anheim fällt) wie von den Allöopathen geshieht, als ein von lebenden Ganzen, vom Organism und der ihr belebenden Lebenskraft gesondertes, innerlich verborgenes, obgleich noch so fein materielles Ding gedacht, ein Unding, was," &c.—*Organon*, §13, p. 85.

"Von schädlichen Einwirkungen auf den gesunden Organism durch die feindlichen Potenzen, welche das harmonische Lebensspiel von der Aussenwelt her stören, kann unsre Lebenskraft als *geistartige* Dynamis nicht anders den auf *geistartige* (*Dynamische*) Weise ergriffen und afficirt werden, und alle solche krankhafte Verstimnungen (die Krankheiten) können auch durch den Heilkunstler nicht von ihr entfernt werden, als ebenfalls durch *geistartige* (dynamische) Umstimmungs-Kräfte der dienlichen Arzneien auf unsre *geistartige* Lebenskraft, von ihr durch den in Organism allgegenwärtigen Fühlsinn der Nerven percipirt, so dass Heilarzneien, nur durch *dynamische* Wirkung auf sie, Gesundheit und Lebensharmonie wieder herstellen können."—*Organon*, §16, p. 86.

NOTE B.

“Die Krankheiten (Acute Krankheiten) der Menschen sind theils schnelle Erkrankungsprocesse der innormal verstimzten Lebenskraft. Theils sind es solche Krankheiten (chronische Krankheiten) welche bei kleinem Anfangen den lebenden Organism, jede auf ihre eigne weise *dynamisch* verstimmen,” &c.—*Organon*, §72, p. 145.

NOTE C.

“Der vorurtheillose Beobachter—er kennt die Nichtigkeit uebersinnlicher Ergrübelungen, die sich in der Erfahrung nicht nachweisen lassen—nimmt, auch wenn er die scharfsinnigste ist, an jeder einzelnen Krankheit nichts, als ausserlich durch die Sinne erkennbare Veränderungen des Befindens Leibes und der Seele, Krankheitszeichen, Zufälle, Symptome wahr, das ist, Abweichungen vom gesunden, ehemaligen Zustande des jetzt Kranken, die dieser selbst fühlt, die die Umstehenden an ihm wahrnehmen, und die der Artz an ihm beobachtet. Alle diese wahrnehmbaren Zeichen repräsentiren die Krankheit in ihrem ganzen Umfange, das ist, sie bilden zusammen die wahre und einzig denkbare Gestalt der Krankheit.”—*Organon*, p. 79.

“Da man nun an einer Krankheit, von welcher keine sie offenbar veranlassende oder unterhaltende Ursache (*causa occasionalis*) zu entfernen ist, sonst nichts wahr—nehmen kann, als die Krankheitszeichen, so müssen, unter Mithinsicht, auf etwaniges Miasm und unter Beachtung der Nebenumstände, es auch einzig die Symptome seyn, durch welche die Krankheit die zu ihrer Hülfe geeignete Arznei fordert und auf dieselbe hinweisen kann—so muss die Gesammtheit dieser ihrer

Symptome, dieses nach aussen reflectirende Bild des innern Wesens der Krankheit, d. i. des Leidens der Lebenskraft, das Hauptsächliche oder Einzige seyn, wodurch die Krankheit zu erkennen geben kann, welches Heilmittel sie bedürfe;—das Einzige, was die Wahl des angemessenen Hilfsmittels bestimmen kann—so muss, mit einem Worte die Gesamtheit der Symptome für den Heilkünstler das Hauptsächliche, ja Einzige seyn, was er an jedem Krankheitsfalle zu erkennen und durch seine Kunst hinwegzunehmen hat, damit er geheilt und in Gesundheit verwandelt werde.”—*Organon*, p. 81.

NOTE D.

“Zu den chronischen Krankheiten müssen wir noch, leider! jene allgemein verbreiteten rechnen, durch die allöopathischen Curen anhaltenden Gebrauchs heftiger, heroischer Arzneien in grosser und gesteigerten Gaben erkünstelt, durch missbrauch von calomel,” &c.—*Organon*, §74, p. 148.

“Diese durch die allöopathische Unkeilkunst (am schlimmsten in den neuern Zeiten) &c. wohl nie mittel schienen erfunden oder erdacht werden zu können.”—*Organon*, §75, p. 149.

NOTE E.

“Man kannte bisher nur die Syphilis einigermaßen als eine solche chronisch miasmatische Krankheit, welche ungeheilt nur mit dem Ende des Lebens verlischt. Die für sich und ungeheilt, gleichfalls von der Lebenskraft unvertilgbare Sycosis (Feigwartzenkrankheit) erkannte man nicht als eine innere chronisch miasmatische Krankheit, eigner art, wie sie doch unstreitig ist, und glaube sie durch Zerstörung der Auswusche auf der Haut

geheilt, zu haben, ohne das fortwährende Siechthum von ihr zu bemerken.”—*Organon*, §79 p. 151.

“Die Psora, die einzig wahre Grund Ursache, und Erzeugerin aller die übrigen vielen, ja unzähligen Krankheitsformen, welche unter den Namen von Nerven Schwäche Hysteriä, Hypochondria, Manie, Melancholie, Blödsinn, Raserei, Fallsucht, und Krämpfen aller Art, von Knochenweichung, Krebs, Blutschwamm, Afterorgansationen, Gicht, Hämorrhoiden, Gelb und Blausucht, Wassersucht, Amenorrhöa, und Blutsturz, aus Magen, Nase, Lungen, aus der Harnblase, oder der Bährmutter, von Asthma und Lungenvereiterung, von Impotenz und Unfruchtbarkeit, von Migräne, Taubheit, grauem und Scwharzem Staar, Nierenstein, Lähmungen, Sinne Mängel und Schmerzten tausenderlei art, u. s. w. in dem Pathologien als eigne, abgeschlossene Krankheiten figuriren.”—*Organon*, §80, p. 152.

NOTE F.

“Die krankhaften Symptomen, welche die Arzneien in gesunden Menschen erzeugen, sind das Einzige woraus wir ihre Krankheitheilungskraft erkennen lernen.”—*Organon*, §21, p. 90.

NOTE G.

“Die Angemessenheit einer Arznei für einem gegebenen Krankheitsfall beruht nicht allein auf ihrer treffenden homöopathischen Wahl, sondern eben so wohl auf der erforderlichen, richtigen Grösse oder vielmehr *Kleinheit* ihrer Gabe.”—*Organon*, §275, p. 284.

“Aus gleichem Grunde, und da eine Arznei bei vorausgesetzter, gehöriger Kleinheit ihrer Gabe um desto heilsamer und fast bis zum Wunder hülffreich ist, je homöopathischen sie ausgesucht war, wird auch eine Arznei, deren wahl passend homöopathisch getroffen

worden, um desto heilsamer seyn müssen, je mehr ihrer Gabe zu dem für sanfte Hülfe angemessensten Grade von Kleinheit herabsteigt.”—*Organon*, §277, p. 286.

“Reine Erfahrung zeigt *durchgängig*, dass wenn der Krankheit nicht offenbar eine beträchtliche Verderbniss eines wichtigen Eingeweides zum Grunde liegt, und bei der cur alle andern, fremdartig arzneileichen Einwirkungen auf den Kranken entfernt gehalten wurden—die Gabe des homöopathisch gewählten Heilmittels nie so klein bereitet werden kann, dass sie nicht noch stärker, als die natürliche Krankheit wäre,” &c.—*Organon*, §279, p. 287.

NOTE H.

“Vorzüglich en Dunstgestalt durch Riechen und Einziehung des stets ausströmenden Arzneidunstes eines mit hoher Kraftentwicklung einer Arzneiflüssigkeit benetzten Streukügelschens, welches trocken in einem kleinen Fläschchen liegt, wirken die homöopathischen mittel am sichersten und kräftigsten. Die Mündung des geöffneten Fläschchens lässt der homöopathische Arzt den Kranken erst in das eine Nasenloch halten und im Einathmen die Luft, daraus in sich ziehen und dann wohl auch so, wenn die Gabe stärker seyn soll, mit dem andern Nasenloche riechen, mehr oder weniger stark, je nachdem er die gabe bestimmt und steckt es dann verstopft wieder in sein Taschen Etuis, auf dass kein Missbrauch damit getrieben werden könne, *und wenn er will nicht bedarf er so keines Apothekers mehr zu seinen Heilungen.* Ein Streukügelschen wovon 10, 20 bis 100 einen gran wiegen, mit der 30 sten potenzirten Verdünnung befeuchtet und dann getrocknet, behalt zu diesem Behufe seine volle Kraft wenigstens 18 bis 20 jahre *unvermindert*, gesetzt auch, dass das Fläschchen indess 1000 mal geöffnet worden wäre, wenn es nur vor Hitze und Sonnenlicht

verwahrt wird.—Sollten die Nasenlöcher beide durch Stockschnupfen, oder Polypen verstopft seyn, so athmet der Kranke durch den Mund, während er die Mündung des Gläschens zwischen die Lippen hält.

“Dieses Einathmen des Arzneidunstes berührt die Nerven in den Wänden der geräumigen Höhlen, die er durchgeht, ungehindert, und stimmt so die Lebenskraft auf die mildeste und doch kräftigste Weise heilkräftig um, weit vorzüglicher als jede andre Art des Eingebens in Substanz durch den Mund. In der letzten Hälfte dieses Jahres bin ich aber zur Ueberzeugung gelangt dass diess Reichen die Kraft der Arznei auf diese weise, *wenigstens* in gleichem Grade von Stärke und zwar noch ruhiger als die durch den Mund genommene Gabe Arznei, und dass daher die Wiederholungszeiten des Reichens nicht kürzer zu bestimmen seyen als bey der Einnahme der materialen Gabe durch den Mund.”—*Organon*, p. 296.

NOTE I.

“Aus gleichem Grunde steigt die Wirkung einer homöopathischen Arzneigabe, je in einem grössern Umfange von Flüssigkeit aufgelöst sie dem Kranken zum Einnehmen gereicht wird, obgleich der wahre innere Arzneigehalt derselbe bleib. Dan heit wird beim Einnehmen eine weit grössere Flasche empfindlicher, die Arzneiwirkung annehmender Nerven berührt. Obgleich, der Wahn der Theoristen in der Verdünnung einer Arzneigabe mit einer grössern Menge Flüssigkeit, beim Einnehmen eine Schwächung ihrer Wirkung finden möchte, so sagt doch die Erfahrung, wenigstens bei dem homöopathischen Arzneigebrauche, gerade das Gegentheil.”

“Blos die einfachsten unter allen Reizmitteln, Wein und Weingeist, vermindern ihre erhitzende und berauschende Wirkung in der Verdünnung mit vielem Wasser.”—*Organon*, pp. 293, 294.

“Durch das Wort *Innig* will ich hier so viel sagen: das wen, Z. B. der Tropfen einer arzneilichen Flüssigkeit mit 100 Tropfen Weingeist *einmal* umgeschüttelt, d. i. das beides enthaltende Gläschen, in der hand gehalten, mit *einmaligem* starkem Schlage des Arms von oben herab schnell bewegt worden ist, met zwei, drei, zehn und mehren solchen Schlägen aber diese Mischung noch weit inniger, d. i. die Arzneikraft noch weit mehr potenziert und, so zu sagen, der Geist dieser Arznei immer mehr entfaltet, entwickelt, und in seiner Wirkung auf die Nerven weit eindringlicher gemacht wird. Wenn man als mit den tiefen Verdünnungen den so nöthigen Zweck der Verkleinerung der Gaben in Hinsicht der Milderung ihrer Kräfte auf den Organism erreichen will, so thut man wohl, jedem der 20, 30, u. s. w. Verdünnungsgläser nicht mehr als zwei solche Schüttelungsschläge zu geben, und so die Arzneikraft nur *massig* zu entwickeln.

“Auch wird man wohl thun, bei der Verdünnung der Arznei in trockner Pulvergestalt mit dem Zusammenreiben in der Porcellanen Reibeschale Mass zu halten, und, Z. B. einen Gran der rohen, ganzen Arzneisubstanz, bei seiner Vermischung mit den ersten 100 gran Milchzucker nur eine Stunde mit kraft zu reiben, ferner die Verdünnung eines Gran dieser Mischung mit andern 100 gran Milchzucker (zu $\frac{1}{10,000}$ Verdünnung) auch nur eine Stunde, und der Dritte Verdünnung (zu $\frac{1}{1,000,000}$) ebenfalls durch einstündiges kraftiges Zusammenreiben eines Grans der vorigen Mischung mit 100 gran Milchzucker, zu einer solchen Verdünnung der Arznei zu bringen, dass die Kraftentwicklung derselben gemässigt bleibt,” &c., &c. — *Organon*, p. 295.

NOTE J.

“Ich zog, um eine bestimmte und gemässigte Norm zur Kraftentwicklung der flüssigen Arzneien zu halten,

zwei Schüttel Schläge für jedes Glass den ehemdem öfteren vor (bei denen sie allzu hoch potenzirt wurden) aus viel facher Erfahrung und genauer Beobachtung. Es geibt dagegen Homöopathiker, welche bei ihren Kranken Besuchen die homöopathischen Arzneien in flüssiger form mit sich herumtragen, und dennoch behaupten, dass diese mit der Zeit nicht hoher potenzirt, sich fanden, dadurch aber keinen, genauen Beobachtungsgeist, zeigen."—*Organon*, p. 281.

NOTE K.

"Und zudem wird ja die Homöopathische Arznei bei jeder Theilung und Verkleinerung durch Reiben oder Schütteln *potenzirt!* eine vor mir nicht geahnete, so machtige Entwicklung der inwohnenden Kräfte der Arzneisubstanzen, dass ich in den letztern Jahren durch überzeugende Erfahrung genothigt ward, die ehemals vorgeschriebenen *Zehn* Schüttelschläge nach jeder Verdünnung bis auf *Zwei* einzuschränken."—*Organon*, p. 289.

NOTE L.

"Alles was nur durch Homöopathik geheilt werden kann, (und was könnte sie nicht, ausser den nicht manuelchirurgischen Uebeln, heilen?) an höchsten chronischen, nicht gänzlich aloöpathisch verdorbnen, so wie an acuten Krankheiten, wird am sichersten und gewissesten durch dieses Riechen gehielt."—*Organon*, p. 297.

NOTE M.

For the recent introduction of this branch of surgery into the United States, we are indebted to Dr. James Mason Warren, who, after his return from Europe,

performed several very skilful and successful operations, and directed the attention of the profession to its claims by a publication of the cases, with some interesting and valuable remarks.

NOTE N.

The New York Eye Infirmary was the first public Ophthalmic Institution established in the United States. It owes its origin to Doctors John Kearney Rodgers and Edward Delafield, who founded it in 1820, at their own expense. It was chartered by the State, and adopted by the public in 1822,—from which period, it has been an exceedingly useful and flourishing institution. Its utility may be best seen in the number of patients who have received its gratuitous aid, and of pupils who have been educated under its teachings. The former amounted, by the last annual report, to 21,000. The latter probably exceeds 400. The benefit thus conferred on the public by the cure of a vast amount of disease, which, without the existence of such an institution, would have thrown many helpless individuals upon its charities; and the prevention, to say the least, of as much more, which it has effected as a school of instruction to medical students, are incalculable. Perhaps no charitable institutions possess a stronger claim upon the public favor than Eye Infirmaryes; because no others exceed them in the amount of good they are capable of extending, directly or indirectly, to the community.

The Massachusetts Charitable Eye Infirmary was founded in 1824. No less than 11,280 patients have already received its aid; and a large number of pupils have been educated within its walls. Similar institutions have been established in various parts of the country, by several of these gentlemen, who, deeply impressed with its useful operation upon the profession and the public, have, with a greater or less amount of success, endeavored to extend the same blessing to other communities.

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MASSACHUSETTS MEDICAL SOCIETY.

At a meeting of the Counsellors of the Massachusetts Medical Society, held February 2, 1848 —

On motion of Dr. Peirson, of Salem, it was

Resolved, That a Committee be appointed from the Fellows of the Society, to examine the Charter and By-Laws of the Society, and report at the next meeting of the Counsellors, if any and what alterations are necessary therein.

The following gentlemen were appointed to this Committee :

- DR. JOHN WARE, *of Boston.*
- " A. L. PEIRSON, *of Salem.*
- " WINSLOW LEWIS, *of Boston.*
- " JOHN JEFFRIES, "
- " J. V. C. SMITH, "
- " H. H. CHILDS, *of Pittsfield.*
- " JOHN C. DALTON, *of Lowell.*

Report of the Committee.

THE Committee appointed by the Counsellors to examine the Charter and By-laws of the Massachusetts Medical Society, and to consider whether any alterations are necessary therein, have the honor to offer the following

R E P O R T .

In attending to this subject, the Committee have had especially in view the opinion held, and often expressed by many Members of the Society, that, as at present constituted, it does not accomplish all the purposes of which it is capable ; and, particularly, that in many of the remote parts of the State, it fails to secure the favor of the profession, and consequently that only a limited proportion of regularly educated physicians find it for their interest to become its members.

The Committee, in thus taking into consideration the operation of the Society, are satisfied that its greatest influence has been exerted, and its best effects produced in and around the place which is the centre of its organization. Those who are able to attend its meetings, and take part in the manage-

ment of its affairs, are of course most interested in its prosperity, and conform most readily to its requirements. Those, on the contrary, who reside at such a distance as makes their attendance difficult and infrequent—or impossible—feel naturally a less lively concern in it—they hardly perceive their actual connection with it;—they consider themselves called upon to obey laws which they have no voice in making, and to contribute to the expenses of an organization in which they find it difficult to take part. As a consequence of this, regularly educated persons who enter the profession under these circumstances have not sufficient inducements offered to them to become members. They perceive that the Society is little known to those among whom they are thrown, and has but little influence over them; that it is not necessary to their reputable standing among physicians, nor to their success with the community, that they should be connected with it.

This inequality in the operation of the Society is only incompletely met by the Constitution of the Board of Counsellors, although they are intended to represent the Fellows in all parts of the Commonwealth. The same circumstance of distance which prevents the full attendance of Fellows at the annual meeting, has also an effect on the meetings of the Counsellors. Besides this, their election by the Society at large, amidst the press and hurry of business at their annual meeting, when many of the members are called upon to vote without opportunity for previous consultation, sometimes even without

personal acquaintance with each other and with the candidates ; prevents that deliberate consideration which is necessary to the selection of persons suitable for the office, and of those whose leisure will permit them to attend to its duties. These circumstances have often occupied the attention of the members with the view of devising means for obviating their unfavorable influence ; and in the Convention of 1839, a provision was made for the selection of lists of candidates by the Districts, which, although a decided improvement upon the former method, has still, proved only a partial remedy for the inequality which is felt to exist.

The result of this has almost necessarily been that the Counsellors and Officers have been virtually chosen, and the affairs of the Society chiefly managed by those Fellows who reside within a certain circuit around Boston. The Committee fully believe, that the powers which have thus almost of necessity fallen into their hands, have been fairly exercised, and with a sincere purpose of promoting the best interests of the profession ; yet they are nevertheless of opinion, could means be devised by which the relation which members bear to the Society should be rendered more uniform and equal, that its salutary influence would be more extensively diffused over the Commonwealth, and an interest in its character and prosperity become the common feeling of the whole profession.

With the hope of promoting so desirable a result, the Committee submit, for the consideration of the Counsellors, a plan for certain modifications of the

organization of the Society and for some alterations in the arrangements for its meetings and its publications, which are embodied in the following articles.

1. The Counsellors shall be chosen by the Fellows of the Society in their several Districts ; if practicable, at least one week before the annual meeting—the choice to be made by the District Society, where one exists ; and where such a Society does not exist, by a Convention of the Fellows of the District, called for this special purpose, in such manner as may be hereafter provided. If any District fail to choose Counsellors by one of these modes, then the whole body of the Counsellors, at their annual meeting, shall fill the vacancy.

2. The District Societies shall have the power of admitting persons to Fellowship in their several Districts, who shall thus become Fellows of the Society at large, and shall receive from it their certificate of admission ; but a common standard of qualification for admission shall be established, to which all the Districts shall conform, and all admissions shall be subject to the revisal of the Board of Counsellors.

3. The annual meeting of the Counsellors shall be held on the day preceding that of the annual meeting of the Society. At this meeting they shall choose the officers and transact the business of the Society, as nearly as practicable, as is done under the present organization.

4. The annual meeting of the Society shall be held in such of the principal towns or cities of the

Commonwealth, as the Counsellors shall, from year to year, determine. They shall also appoint, annually, a presiding officer for the meeting and the dinner; and a committee, who, with the presiding officer, shall have charge of all the necessary arrangements for the occasion.

5. There may be annually prepared, under the direction of the Counsellors, and at the expense of the Society, a Retrospect of the Medical Literature and Science of the preceding year, having reference especially to discoveries and improvements of practical value. This Retrospect shall be published in the place of, or in addition to, the present annual volume, at the discretion of the Counsellors.

6. In order to ensure a full and fair expression of opinion, on the part of the Society, concerning these propositions, a copy of this report shall be transmitted to each Fellow, with a request that he return to the Secretary his assent to, or dissent from, its several articles, in the form of a distinct affirmative or negative with regard to each, within some definite period. Should it appear from the returns thus received, that the alterations in question, or any of them, receive the approbation of a majority of the Fellows, they shall be considered as adopted, and the Counsellors shall take such measures as are necessary to carry them into effect.

In concluding their Report, the Committee beg leave to add a few remarks to those already made, concerning the expediency of these changes, especially that which relates to the place of holding the annual meeting.

It is not to be anticipated that the actual number of Fellows attending the annual meeting in any single year, will be as great as upon the present plan ; still, it is believed that in any given succession of years, a greater proportion of them will have it in their power to be sometimes present. Many who can now *always* attend without inconvenience, will be occasionally deprived of this privilege ; but on the other hand, very many who now *seldom*, and perhaps *never* have it in their power to attend, will have the opportunity presented to them as frequently as their hitherto more favored brethren.

The arrangement now suggested the Committee believe will be more advantageous to the Society than to relinquish entirely the meeting of the Fellows at large, and to limit the organization of the general body of physicians of the State to the representative system. In a larger community this might be necessary, but in so small a territory and with so dense a population as ours, the union of the two systems does not seem to be impracticable, and the general assembly of the Fellows at their annual festival, seems always to have been singularly beneficial in promoting good feelings, and a right professional relationship among those who come together.

It is also believed that these meetings, conducted on this plan, may be made the means of bringing this Society more under the notice and knowledge of the community, and of increasing its respectability and usefulness, by making mankind acquainted with its just claims, and consequently also with the

true character of the regular members of the profession. In a large city, meetings of this description are matters of common occurrence; they excite no attention and exert little influence. But in other places, such a meeting as ours would be an occurrence of some importance, would excite interest, and this not only in the place itself, but to some extent also in the surrounding district.

The Committee would also suggest whether it is not within the purposes of the establishment of the Society, to take some interest in promoting medical education and raising the standard of professional acquirement in the Commonwealth. This subject is especially worthy of consideration at the present time, when the attention of the whole body of the profession has been called to it by their delegates at the meeting of the American Medical Association. It is believed that a decided impulse will be given to medical education, and that its standard will be gradually elevated, as the result of the labors of this body; and it is due to the character of our community, never behind any other in enterprises of this description, that we should do our full share in so good a work.

JOHN WARE,

For the Committee.

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REPORT OF A COMMITTEE

OF THE

MASSACHUSETTS MEDICAL SOCIETY

3733-10

ON HOMŒOPATHY.

Adopted by the Counsellors, Oct. 2, 1850, and ordered to be printed.

AT a meeting of the Counsellors of the Massachusetts Medical Society, held May 30th, 1850, an application was made by Dr. Isaac Colby, of Salem, to resign his Fellowship, assigning as a reason for so doing, that he had become a convert to the doctrines of homœopathy. It was therefore "resolved, that the documents (Dr. Colby's papers) be referred to a committee of three, whose duty it shall be to devise some course of action to be pursued by the Society in regard to all homœopathsists, and report at the next meeting."

The undersigned regret that they were selected to serve on this committee, because they feel that the subject is a delicate one, and that any course which may suggest itself will be attended with some degree of difficulty and embarrassment. At the same time, however, they do not intend to shrink from the duty that has been imposed on them. They are satisfied that the period has arrived when the Society should decide and make known what position it intends to take in relation to homœopathic practitioners. Whether it means to regard them as fellow-laborers in the great cause of science and humanity, in which its own members profess to be engaged; or whether it will hold no communion with them, but place them on the same footing with the various classes of irregular and empirical practitioners with whom it acknowledges no fellowship.

It is obvious that one of these courses must be adopted, and yet the

Society will bring upon itself some degree of odium whichever it may choose to pursue. It does not seem right that individuals, who hold in contempt the commonly-received doctrines of the medical profession, as received by this Society, and who freely denounce them as unsound, if not unsafe, should at the same time be enrolled as members of our deeply-cherished institution, and thus gain a position, which they perhaps would not otherwise have so readily attained.

On the other hand, it may probably be urged, that some of the practitioners of homœopathy are men of talent and education, who have been well instructed in the commonly-received doctrines of medicine, but who, from some new light with which they have been favored, feel bound to abandon them and adopt a very different course of practice from that pursued by the great mass of medical men. That they have done nothing to forfeit their good name ; that they are acting conscientiously, being fully convinced that the world was in the dark in relation to the healing art, till it was enlightened by the revelation of Hahnemann.

The Committee are not disposed to deny the truth of this statement ; at the same time they cannot perceive that it should have any influence on the course which the Society may think proper to adopt.

A great majority, probably, of the Fellows of our institution believe, that the homœopathic physicians are mistaken in their views of the nature of disease and the mode of treatment. They believe that the system is radically wrong ; based on false views of pathology ; resting rather on gratuitous assumptions than well-founded facts. They do not believe that there is anything to support their doctrine of the nature of disease, or their principles of its treatment, or their mode of administering remedial agents. It is of no consequence to us whether this system is adopted by individuals in good faith, from a conviction of its truth, or whether it is taken up from mercenary or other sinister motives. If the system be a bad one, mischievous and unsafe when carried into practice, it is of very little consequence to the community whether its disciples are honest or not ; whether they are trying to dupe others, or are merely duped themselves.

The Committee, however, have neither time nor inclination to discuss at large the doctrines of homœopathy ; nor do they think it necessary to do so, as they have no doubt that the subject is well understood by most of the Fellows of this Society. They will merely remark, that in their opinion, the boasted cures that have been effected by this mode of practice are attributable to the unaided efforts of nature ; to the fact, that the medical attendant did not interfere with the natural restorative

processes, by means of which a vast many of the maladies to which human nature is subjected are brought to a favorable issue. It is enough for us to believe that the doctrine of the origin of disease, of the principles by which it should be managed, and the method of administering remedial agents, as proposed by Hahnemann and his disciples, are untrue and unsafe, and that therefore we cannot give to those who adopt this mode of practice the sanction of our Society by receiving them as members of our fraternity. We cannot say to them in good faith, as we do in our diploma to all who become our associates, that they are well skilled in the healing art, and most worthy of the honors and privileges of the Society.

It does not seem to your Committee that either the homœopathic practitioners or the community at large would have any right to complain of this course. If these practitioners honestly believe the system they have adopted, they can surely have no wish for any professional connection with individuals whose doctrines they repudiate; and the public certainly could derive no advantage from an association, whose members entertained such discordant opinions.

It would, perhaps, be doing injustice to homœopathy, if it were not admitted that the promulgation of its doctrines had, at least indirectly, been of some service to the cause of medical science. It may have taught us to place more confidence in the curative powers of nature, and less in medicinal agents, in the management of disease, than we have hitherto done; and it may well be doubted, if it has exerted any salutary influence beyond this.

It cannot be denied by any one, who has given any considerable degree of attention to the subject, that the present period is an inauspicious one for the success of any medical theory, that does not rest on a substantial basis. At no time in the history of the world, has the science of medicine been cultivated on principles so philosophic as at the present. All theories have been abandoned; we hear nothing of the humoral pathology or the doctrine of solidism. There are none at the present day who acknowledge themselves to be the disciples of Boerhaave or Hoffman; of Cullen or Brown; and there is not probably an individual who now supports the once popular doctrines of Rush or Broussais. All the true votaries of our profession are earnestly seeking for truth alone; accumulating facts by patient and toilsome observation of disease and its effects, and drawing conclusions from them by the cautious process of inductive reasoning. At no period have the various changes which disease produces in the different tissues, organs and secretions of the body

been subjected to so rigid a scrutiny. The microscope and animal chemistry have been enlisted in the service of the pathologist, and we are already reaping rich fruits from his labors. If we have not yet gained more control of disease than our predecessors had, we better understand the power of remedies; we know more than was formerly known, when it is best to withhold them altogether, relying on the powers of nature, and when they can be used advantageously in aid of those powers.

At such a period as this, your Committee cannot persuade themselves that the doctrines of homœopathy can have any very extensive or permanent influence; at the same time, they think that it is the duty of this Society to avoid giving them its sanction in the slightest degree. They therefore beg leave respectfully to offer for the consideration of the Counsellors the following resolutions:—

1st. *Resolved*, That any Fellow of this Society who makes application to resign his Fellowship in consequence of having adopted the principles and practice of homœopathy, may be permitted to do so, on paying his arrearages; but he shall not be entitled to any of the privileges of Fellowship, nor shall his name be retained in the list of Fellows.

2d. *Resolved*, That a diploma from a homœopathic institution shall not be received as any evidence of a medical education; nor shall the Censors of this Society regard the attendance on the lectures of such institutions, nor the time passed at them, as qualifications which shall entitle candidates to an examination for a license from this Society.

Which is respectfully submitted, by

Boston, Oct. 2, 1850.

GEO. HAYWARD,	} <i>Committee.</i>
J. B. S. JACKSON,	
O. W. HOLMES.	

OF

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DRS. THOMPSON, JAMES JACKSON, JOHN
HOMANS, O. W. HOLMES, S. DURKEE
AND H. W. WILLIAMS,

IN RESPONSE TO SENTIMENTS OFFERED AT THE

1855-56

Annual Dinner

OF THE

MASS. MEDICAL SOCIETY,

BOSTON, MAY, 1856.



BOSTON:

TRAVELLER PRINTING HOUSE, 31 STATE STREET.

1856.

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S P E E C H E S 13 13

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B O S T O N :

TRAVELLER PRINTING HOUSE, 31 STATE STREET.

1856.

Dr. A. R. Thompson's Speech.

Members of the Massachusetts Medical Society, and honored guests—I congratulate you, gentlemen, on the return of this anniversary, and cordially sympathize with you in all the interesting associations of the day. I see before me a great body of worthy and intelligent men, united in the glorious work of relieving the sufferings, and promoting the happiness of their fellow men, by unfolding, applying and advancing the noble science of life. I sympathize with you, gentlemen, in the event which deprives us of the dignified presence of one who would have so worthily filled and adorned the place in which, by the courtesy of your committee of arrangements, I am called upon to stand. It is melancholy to think that one so eminent, so exemplary and so universally beloved as Dr. Luther V. Bell, in the maturity of his fine powers—just as he had closed an honorable and successful career of labor in one of the highest departments of humanity, should be suddenly arrested by disease. Gentlemen, I have passed half an hour with Dr. Bell this day, and I know the most welcome intelligence I can give you, is, that I found him cheerful and hopeful, and there is a reasonable prospect that he may live many years—an ornament of our profession and a blessing to mankind. It has been my privilege to have been well acquainted with the successive Superintendents of the McLean Asylum: The first, Dr. Wyman, whose moral and intellectual qualities, with a fine practical judgment, united with untiring industry, energy and fidelity eminently fitted him to lay the foundation of his peculiar department—was cotemporary with me. I prized and enjoyed his friendship through life, and cherish his memory as one of the best of men. His successor, Dr. Lee, I knew thoroughly and loved dearly. He was a man of elevated principles, brilliant talents, and of such high aims and efforts that his delicate physical structure soon sank beneath his labors, and his beautiful mind was early translated to the bright galaxy of genius and goodness in the Heavens, where his particular star will shine on forever.

When Dr. Lee, in October, 1836, left the Asylum on account of his sickness, the Trustees requested me to take the medical charge of it. Dr. Bell was appointed in December of the same year, but did not assume the duty till the following February. When he came, he found me there and requested me to remain and attend with him for a few days. During this time I made up my mind that Dr. Bell possessed all the qualities and endowments which fitted the man for the place. The result has proved the wisdom of the choice, and added another fact in evidence of that gracious Providence, which always brings the "man for the hour."

Gentlemen, the task of Dr. Bell has been delicate and difficult—"To minister to minds diseased, pluck from the memory a rooted sorrow, raze out the written troubles of the brain, and with some sweet, oblivious antidote to cleanse the stuffed bosom of that perilous load which weighs upon the heart"—and how has he performed this holy duty? Let the uniform appro-

bation of the discriminating and honorable gentlemen who have enrolled their own names among the benefactors of mankind—by their generous and faithful care of this noble institution—let the concurring voices of our profession and of our whole community, and above all, let the gratitude of "hurt minds," which have felt the healing balm—of bruised hearts bound up—of distracted spirits calmed—and all these restored to the duties, the enjoyments, and all the sweet harmonies of life, by the kindness and skill of the good Doctor—let these give the answer. —*Then subject of Insanity*

A few days ago we attended the funeral obsequies of an eminent and venerated member of our Society,—one who with the indomitable pursuit of science, united a keen sense of family name.

This indeed was the jewel of his heart;—a wreath of perennial glory encircled the brow of his noble uncle. His father's fame rested securely on the solid basis of sound science, extraordinary professional skill and favor, and high moral excellence. His own great reputation as a surgeon and naturalist was constructed at immense labor out of the choicest materials, which the prolific resources of the last half century supplied so richly to a mind ever eager to learn, and never idle a moment. And just as he was about to consign his vast treasures of knowledge to his family, *a sudden* and to the world, the hand of death came upon him.

In every medical library there is a beautiful gem of medical literature—written by one of the most beloved and honored fathers in our profession—a memoir of his departed son—a son in every respect worthy of such a father, and of whom the good Father Taylor, the sailor's friend, said to me, the tears streaming from his eyes: "Sir, when I was in Paris, sick and dejected, young Jackson sought me out, and was to me a ministering angel of help and comfort. I shall never forget his kindness." Oh, Sir, so devoted was he to his studies, and so charming was his character, that he was the pride of Paris. Gentlemen, the venerable Nestor of our profession, the illustrious compeer and the steadfast friend through life of the departed Warren, stood by the bedside and while his own heart was swelling beneath his own bereavement, his calm religion for the hour enabled him to comfort his dying brother with the comforts wherewith he himself had been comforted of God.

To this dark object of Insanity there is a bright side. It is the wonderful and delightful change of public sentiment in regard to the nature and especially the treatment of it. Gentlemen, we live in an age distinguished for benevolent efforts in behalf of humanity, and among them all is the deliverance of the human mind from the darkness of Demonology—the "doctrines of Devils"—into the glorious light and liberty of a higher faith, a purer reason, and a more joyful hope. For proof of this I need not go back to that dark day of New England, and of old England too, when the Rev. Mr. Burroughs, a martyr to Demonology, being launched into eternity for witchcraft, on Salem Hill, addressed the people in such words of truth and reason concerning their unhappy delusion,

that the Rev. Cotton Mather, the spiritual ruler of that dark power, alarmed at the force of what he said, and perceiving that the people were greatly moved, rode round on horseback, warning them against listening, declaring that the words he uttered were uttered, not by Burroughs but by the devil in him, who having full possession of him, had transformed himself into an angel of light, and so spoke out of his mouth. Gentlemen, I can refer to facts, within my own memory, in 1798, when I began to study my profession. The most approved asylum for the Insane was at Uxbridge, the celebrated Superintendent there in the treatment of his patients relied on drowning and whipping, and one of my own cotemporaries, a pupil of the celebrated Dr. John Warren, opened a private asylum in our immediate neighborhood, and he also practised whipping his patients. Gentlemen, the belief of "possession" lies at the bottom of this treatment. But about the end of the last century, the illustrious Pinel took off the chains of his patients—then a new era of humanity commenced, and notwithstanding all the wonderful discoveries in physical science and of the relations of mind and matter, and allowing to the utmost all that science can claim, it must be admitted that the real improvement in the treatment of Insanity is the result of moral rather than intellectual development and progress. It is true that long ages since, the true method of treating Insanity was revealed to the world—and yet, alas, how slow is the world in learning the most valuable truths. More than 1800 years ago there came from Nazareth a great physician. He received his Diploma from Heaven, and went about doing good, healing all manner of diseases—and how many terrible cases of insanity was there among them? "The wild maniac who had his dwelling among the tombs, and no man could bind him—not with chains—for though often bound with fetters and chains, the chains had been plucked asunder by him and the fetters broken in pieces. Neither could any man tame him; and always, night and day, he was in the mountains and among the tombs, crying and cutting himself with stones." What a graphic description of this awful disease, and what was the remedy? "It was the mild voice, that voice which alone can speak peace to the troubled—the voice of the Son of God—which calmed the fury of this raging maniac, and brought him to his gracious master's feet, sitting and clothed in his right mind." As members of the medical profession, gentlemen, you are made partakers of this holy calling, and according to your labor so will be your reward. He who went about doing good, assures us that it was "his meat and drink to do the will of him that sent him." Be followers of him, gentlemen, you will receive the same reward. If you practice your profession from a mere love of money, you are not sure of your reward, for you may not get your money. If from a love of fame, it may elude your grasp; and if you should obtain both, yet both combined would leave your hearts empty and unsatisfied. But if you practice your profession because you love to do good, your reward is sure, for the good you get is always in the exact ratio of the good you do—for goodness is a sure, and the only sure possession—earth cannot, and heaven will not deprive you of it—for goodness is permanent, and like its divine source—the Author of all good—it is indestructible and immortal.

Gentlemen, we are members of a profession which forms one link in that golden chain of good

institutions which bind one generation to another and is essential to the mutual happiness and security of them all. Our profession has high honors to confer, and let those who fairly win, nobly wear them. We look back upon the illustrious dead who have filled, and around upon the illustrious living who now fill and adorn the high places of our profession, we behold in them the jewels of our Order, and we rejoice in the light of their glory as our common inheritance. Gentlemen, we cannot all reach places of public distinction, but every one of us can win and wear the true badge of nobility belonging to our Order—the noble badge of goodness. We may not be called to fill a Professor's chair or a Hospital Superintendency. But every one of us as a family physician becomes the Superintendent of a private family, and is thus made a minister of God for good to human beings. May we ever feel the true dignity and the solemn responsibility of this sacred charge; while we do everything in our power to relieve the physical sufferings, may we by our sincerity, kindness, sympathy and fidelity, so deserve and enjoy the confidence of our patients that when the evil days of sickness, pain and sorrow come we may be able to cheer and animate their hearts by that hope which is "the anchor of the soul." Gentlemen, wherever we are so happy as to inspire our patients with this hope, it will ever come back to our own hearts as a blessed cordial. May God grant, my brethren, that whenever those to whom we minister, or we who serve them, shall be called out of this uncertain and changing world, our hearts may be sustained and our spirits born up by this heavenly power so beautifully apostrophized by the poet, and with which I close.

"Eternal Hope! when yonder spheres sublime,
Tear'd their first notes to sound the march of time,
Thy joyous youth began—but not to fade—
When all the sister planets have decayed,
When wrapt in fire the realms of ether glow,
And Heaven's last thunder shakes the world below,
Thou, undismayed, shalt o'er the ruin smile,
And light thy torch at Nature's funeral pile."

Dr. James Jackson's Speech.

Mr. President and Fellows of the Massachusetts Medical Society.—First of all, I beg leave to give you my warmest thanks for the kindness, with which you have received me. I have always felt the strongest interest in the welfare of this Society, and an earnest desire that it should effect the great objects for which it was instituted. These objects were to combine together physicians and surgeons, duly qualified to serve the public as such; to point out the education to be pursued by these who should be desirous to enter on our profession; to examine persons who had pursued this course, and to give licenses to such as should be found qualified to engage in practice.

The society was incorporated in the year 1781. As our early fathers began to think of schools for their offspring, almost as soon as they had gained a footing in this new world, amidst poverty and hardships: so, before the battle was ended, by which the freedom of the country was secured, the wise men in our profession took measures to secure a succession of persons, duly taught, to practice the art of healing. I may mention that about the same time the foundation was laid of a medical school connected with our University at Cambridge, a measure which proved the same enlightened spirit. By the first

act, with respect to this Society, it was provided that the number of its fellows should not be more than seventy, nor less than ten at any one time. It was hoped that by the combination of medical men, most worthy of the public confidence, there would be promoted an increase of the knowledge conducive to their art. The same act provided that the Society should point out the course of an education for medical pupils, and through censors appointed by it, should examine candidates for medical and surgical practice. These censors were authorized to give licenses to enter on that practice to all whom they should find duly qualified. This act does not make it unlawful for any one to practice the healing art without such a license; but it evidently implies that such persons would not be worthy of the public confidence. Meanwhile, the tendency of the act was evidently beneficial to all who were duly qualified, since they could obtain certificates of their attainments from persons authorized by law to give the same.

At the time that I was admitted as a Fellow to this Society, it had been in existence about twenty years. It had done perhaps as much as could have been expected, under the circumstances in which it had been placed. Yet it cannot be said to have been in a thriving state. Very little regard was paid to the requisitions, which it had pointed out for medical education. I cannot say how many candidates it had licensed for practice, but I believe the number was not equal to that of the years of its own existence. Very few persons of the present day realize the extreme poverty in which our people were left after the revolutionary war. The remuneration received by men of our profession was exceedingly small. It could not be otherwise. After the general government of the United States was organized in 1789, under our present constitution, a visible change began to take place in the public prosperity almost immediately. Though then a boy, I well remember the events which marked this change, though I did not then understand them. The progress of our prosperity was not slow; for at the end of eleven years, when I engaged in business, the strong marks of increased riches growing out of well paid industry, were abundantly evident. We were indeed even then in the days of small things, if compared with the present time; but there was a confidence in the continued growth of the country, as to wealth and population, which gave courage to men of enterprise. Excuse me if I seem to have travelled out of my path; but as my mind passes over the period, from the origin of this Society to the time when an important change was about to take place in it, I could hardly resist making some remarks on the changes in the community at large during the same period. My principal design in the remarks I am now about to make, is to give a history of the change in the constitution of this society, to which I have referred, and to state the objects of it. There is not, I believe, any individual living, except myself, who had any connection with bringing about that change. It is not, however, merely for the pleasure of telling an old story, the pleasure which the aged have in relating the affairs in which they were engaged in their youth, that I enter on this subject; but to bring before you, distinctly, the importance of regarding in the present day, the objects which we sought to attain by that change.

The author of the plan to which I refer, was

the late Dr. John D. Treadwell of Salem. He had preceded me in the profession by eight or ten years. He had been a pupil of Dr. Edward A. Holyoke of Salem, first President of this Society, the glorious old master under whom I also had the happiness of pursuing my studies. I derived great benefit, during those studies, from the friendship of Dr. Treadwell. He was still a young man, but had, I believe, even then acquired a more intimate acquaintance with medical literature, ancient and modern, than any other man among us of that day; a pre-eminence which he retained in the subsequent years of his life. I may add that his learning was not limited to medicine. He was at all times zealously devoted to his profession, and anxious to promote its elevation and its usefulness. He had preceded me as a Fellow of our society one or two years, and he had looked into its constitution and into its capacities for good, with great earnestness. Within a few months after my admission to the Society, he made a call on me and stated his plans. He had, in fact, aided by a legal friend, Mr. Sewall, afterwards Chief Justice of our Commonwealth, drawn up the bill, which, with some modifications, was subsequently passed as an act of our Legislature, on the 8th of March, 1803.

Let us see now what were the objects to be attained by this new act. They were, first, to combine the members of the profession, then existing in this Commonwealth, and who enjoyed the confidence of our citizens in their respective districts or neighborhoods, in one body, or corporation, which should command the respect of the whole community. Secondly, to employ the power thus constituted, to promote a sound education among the candidates for our profession; to give to candidates so prepared an admission to the society of the respectable portion of medical men; and to prevent an admission to these ranks of any one who had not duly availed himself of the means pointed out for a medical education. To these ends the new law, first of all, took off the restriction as to the number of fellows which should be admitted to this Society, and authorized an election into it of every competent practitioner of medicine or surgery within the Commonwealth. In the first section of the Act of 1803, the Fellows were authorized to admit as many new members to Fellowship as they should see fit, previously to their next annual meeting. This meeting was to follow in less than three months after the passage of the Act. I believe that this period was faithfully employed in adding to the Society most of the prominent men then in the profession within our State. It was known, however, that on a more thorough research, many other worthy men would probably be found fitted to increase our numbers. The Society thus formed, constituted of the Fellows scattered over our extensive Commonwealth, for the great State of Maine had not then been cut off from us, was required to hold one meeting annually, while authorized to hold other meetings occasionally. It was obvious that men, engaged in a profession like ours, would find a great difficulty in collecting together in one place, and that they could not spend so much time together as to enable them to attend to the details of business. They could not give time for reports upon medical subjects, and for conferences, or consultations respecting them. One day in a year, as we now find, is as much as can be taken by a large body of medical men from the care of their pa-

tients, even though that day should be employed in fitting themselves to serve those patients more efficiently. That one day, however, might be very advantageously devoted by the Fellows to making an acquaintance with each other, and would have a tendency to increase their zeal for the honor and the usefulness of their profession. That the details of business which should belong to the Society might be properly attended to, the Act of 1803 directed that at each annual meeting there should be elected "so many counsellors as the Society shall, from time to time, judge necessary and expedient." To this body was committed the performance of most of the business of the Society. It was required that a report of their transactions should be made to the Society at their annual meetings. If the proceedings of the counsellors should not be satisfactory to the Society, there were two methods of correcting the same. One was to elect a different set of men as counsellors for the ensuing year; the other was to pass a by-law, in which might be involved such principles as should guide the counsellors in their future proceedings. Thus the counsellors constituted something like a standing committee to consider all matters relative to the Society, and to act in its behalf. Those who are conversant with the constitutions of government in our country, must perceive at once the convenience and the advantages of this plan. It is substantially the representative plan. The Society does not lose anything by it; while it may be said that it is more sure to be satisfied than if the business were transacted by itself. Does this seem paradoxical? It may, if you think of words only, but not if you look on the subject carefully.

Let us suppose that, besides the annual meeting, the Society should hold three meetings in a year, in order to attend to the details of its affairs. In this case, the Society might be said to act for itself. But I think it will be perceived that these three meetings would not be fully attended. If a large number should be required to constitute a quorum, the meetings would very often fail for the want of this number. The Society, to prevent this inconvenience, would be compelled to allow a small number to make up a quorum. Such small meetings would fail to inspire any strong interest. Sometimes one set of men would be present, and at another time a different set; and there would probably ensue habits of listlessness and negligence. If, at any time, a small party should have an object of their own to accomplish, they could easily find a moment, at which they would be the majority of the members present, and they could then decide the measures to be adopted. A vote might be passed under such circumstances, which would not be agreeable to a quarter part of the Fellows of the Society; yet in this case the Society would be acting for itself; for the act of a legal quorum would be an act of the Society. Meanwhile, the persons by whom the vote was decided in the case supposed, would, perhaps, be the last men whom the Fellows would have deputed to act in their behalf. Not so as to the Counsellors. The Counsellors are a representative body, and the individuals are, or ought to be, selected by the Fellows, as worthy of their confidence; and men thus selected must realize more or less their responsibilities to the whole body of the Society. I have thought it worth while to make these remarks, because it has not been rare to find among

the Fellows some jealousy as to the power of the Counsellors.

In the first Act of the Commonwealth relative to the Society, it was authorized, as has been mentioned, to appoint censors for the examination of candidates for practice. The power to appoint the censors was conferred by the new Act upon the Counsellors. This is an instance of the advantage of the Society's acting through the representative body rather than by itself. The censors could be chosen in the annual meeting; but the Fellows could not act so deliberately in a hurried day, as the smaller body, the Counsellors, who could give time for inquiry as to the persons best qualified for the very important duty of examining candidates for medical practice. The Counsellors were required to appoint one board of censors, who should meet at stated periods in the metropolis of the Commonwealth. They were authorized, under certain circumstances, to appoint other boards of censors in other parts of the State. The persons approved and licensed by the censors were called *Licentiates* of the Society, and they were entitled, upon certain conditions, to claim admission as Fellows into the Society. Inasmuch as the University was in the practice of requiring a satisfactory course of study from those whom it admitted to a medical degree, the law of 1803 placed its graduates on the same footing as licentiates of the Society, and accordingly they were in like manner entitled to claim admission into the Society. There was felt at that time, and has been occasionally since, some objection on the part of the Fellows to this admission into the Society of persons who had not been examined by their own officers. It was not, however, suspected, under the arrangements then existing, that any harm could result from the privilege thus granted to the medical graduates of the College. It was notorious that these graduates were better educated, and that they probably underwent a more thorough examination than the licentiates of the Society. Yet there were two different standards as to the fitness of candidates for practice, and to this there was some valid objection. It was obvious that the University might, at some future period, become as regardless of the qualifications of its graduates as it was then well known some foreign Universities had been. This subject was often discussed in the early years after the amendment of our charter. In regard to it I can give a piece of history, probably not remembered at this day by any one else. In 1810 I was appointed a Professor in the Medical School of the University. Within a very few years after that date a plan was proposed to the Counsellors to obviate the difficulty which has been referred to. This plan was devised and brought forward by my late friend Dr. John C. Warren and myself, he also being a medical Professor at that time. The features of it were these: first, that there should be formed a board of examiners, consisting of the medical professors of the University, and of an equal number to be elected annually by the Counsellors of the Society; secondly, that all persons asking for a license from the Society, and all asking for medical degrees from the University, should be equally brought before this Board of Examiners; that they all should be examined in the same way, and that their admission to the privileges sought for by them respectively, should be decided by a vote of the Board. It was our wish, in proposing this

plan, to remove all causes of jealousy between the Society and the University. We trusted that in this way the standard for admission to medical practice would be raised. This was in effect an offer from the Medical School to the Society. Unfortunately the Counsellors of that day felt very indifferent on this subject, and after some delays allowed it to subside. This was done I believe without any direct vote upon it.

Since the period referred to, the number of Boards of Censors has been very much increased. Censors are now appointed in various districts of the Commonwealth; and the same privileges have been accorded to the graduates of the Berkshire Institution as to the Medical graduates of the University. We have now twelve or fifteen different Boards in this Commonwealth for the examination of pupils. I have not any exact knowledge of the result, as to the standards by which the examinations are guided; but it is almost impossible that there should be an uniform standard, or one nearly and substantially uniform among so many different Boards. It is not necessary to point out the evils of this state of things. Is it not proper for this Society to inquire whether the plan then proposed cannot be adopted; whether the whole business of examining for medical licenses and medical diplomas, cannot be committed to one Board of Examiners? The good effects of this plan must be obvious. Doubtless there are some objections; but comparatively they are of trifling weight. Candidates for practice will not find a Board of Examiners in every county. They must travel some distance to meet the General Board. But surely whatever might be said in a State more extended in its territory, in our little compact Commonwealth, intersected as it is by railroads, this objection must be regarded as trifling.

It may be feared that the medical schools will not consent to subject their candidates to the examination of any persons, other than their own Professors. But I believe it would not be difficult to overcome this objection. Some arrangements as to details would be necessary. These should be such as to guard against partiality to either school. The fee for a degree or license might go to the party by whom the candidate is brought forward. The advantage to the community would be, that the standard would probably be elevated and uniformly maintained; so that those candidates who may be approved should be the more worthy of public confidence. Moreover the candidates, who should pass through such an ordeal with success, would derive from it a proportionate benefit.

I have laid great stress upon this subject of examinations for a license, or for a medical degree. I wish now to point out what the public have a right to expect in one who has passed through an examination with success. Is it to be understood that we recommend every such person as perfectly qualified for all the duties of his profession? Is it to be understood that all our licentiates and doctors of medicine are equally well prepared? To both these questions I reply in the negative. In every examination we first require evidence that the candidate has devoted himself to his professional studies for the period required. All will not gain the same amount of knowledge in the same time. But the period required is, or ought to be such that any man of common capacity may become acquainted with the elements of our various sciences. For further security, how-

ever, besides rules as to the duration of the pupillage, every one is subjected to an examination. Those who are found deficient are dismissed silently. Those who are admitted as licentiates, or medical graduates, are recommended to the public as being sufficiently learned to commence practice. This is what the public want, as they are incapable of ascertaining the professional acquirements of a candidate for their favor, and it is as much as they have a right to ask from us. On all other points they will judge for themselves. They can form an opinion of the talents, the industry, the discretion, the fidelity of those who offer themselves to take care of the sick. There is another matter on which the Examiners say nothing. This regards the general doctrines, adopted and maintained by the different doctors or licentiates. It is well known that physicians differ in their opinions as to diseases and their appropriate remedies. One, more or less a Sangrado, relies on blood-letting and other evacuations for almost every disease; while a follower of Brown rarely administers anything else than stimulants and tonics. Both these sects maintain the unity of disease; that is, that all diseases consist in a modification of one thing, of one morbid affection. There are other practitioners, who, believing that there are various diseases which affect the human body, endeavor to distinguish them one from another, and to pay a regard to the several stages of each; and then to employ the divers remedies which experience justifies, if there be any such; or to watch patiently, leaving diseases to their natural course, while they guard as much as possible against the accidents which may aggravate them. No doubt, patients may often be decided by accident in their choice among physicians of these different descriptions. But he, who thinks for himself, will make a selection according as his own judgment, or his own taste may decide.

Let us pass now to a different point. By the Act of 1803, the Counsellors are authorised to establish district Societies in any part of the Commonwealth, each of which may have, within certain limits, the advantages of a corporation. To form such a Society, an application must be made to the Counsellors by at least five Fellows, who must designate the territorial limits of the proposed district. If there be no peculiar objections the Counsellors will grant the authority asked for. If the Society be formed, all the Fellows living within its limits become members of it. The objects originally proposed for such Societies were, that their members should aid each other in all matters of science and of practice; and that at their meetings they should bring forward any original observations, or opinions which they might deem worthy of attention. It was designed further that these Societies should transmit to the Counsellors any reports or other papers which they should regard as valuable; and that of these the Counsellors should publish all such as they should deem worthy of that distinction.

In some of the other States of our Union districts have been formed by county lines, or otherwise, so that each Fellow of the medical Society should belong to some one of them. At first view this plan may seem to be the best. It was considered by our Society when it was remodelled in 1803, but it was apprehended that in some districts the Fellows might be unwilling to unite in forming such Societies. It was therefore thought better to rely on the voluntary principle; to provide

that a district Society might be formed wherever a number of neighboring physicians should wish to have it done.

To give effect to the plan adopted in 1803, a by-law was enacted by this Society, known as the law respecting consultations. Its object was that the Fellows of this Society should countenance and consult with those physicians only, who were duly qualified for practice. And, as according to our plan, all such should be made Fellows of our Society, we should not consult with any one who was not a Fellow. This seems to be the best mode by which we can point out to the community the persons qualified to practice our art. All who wish it, may, by adopting proper methods, secure an admission into our Society; and these proper methods are reasonable methods. They are insisted upon only for the public good. They are methods, however, which must be decided upon by the members of our own profession. At first sight it may seem to impose a hardship in some instances; but not so, if the subject be duly considered. For instance, we are sometimes urged to overlook the deficiency as to education of a young man because he is poor. It may be that he has good talents, and great moral worth, but that he cannot afford to get a good education. Ought we to be induced by this representation to give such a man a license? Do men act in this way in other matters? See what is done as to wheat-flour, an article of food wanted by us all. It is difficult for men, not conversant with the article, to judge of the goodness of flour, therefore Inspectors are appointed, who put a brand on each barrel, to say that its contents are superfine, or fine, or sour. Now what would you think of an inspector of flour, who should consent to mark sour flour as fine, or fine as superfine, because the man who raised the wheat, and for whom it had been ground, was very poor, and had a large family? I will say no more on this topic. Let us regard it as a sacred duty to refuse all countenance, even to worthy and talented men, if they have not received the stamp required by our by-laws. The public pay us for the service they require of us in this respect. They exempt the Fellows of our Society from serving in the militia and on juries. This provision in the law of 1803, was claimed on the score that by the law of the State our censors were bound under a penalty to examine all candidates for a license who should have complied with our regulations as to their education. But a higher motive—a regard to the public good should be enough to influence us on this subject.

The question is sometimes asked, What benefit do we derive from a Fellowship in this Society? We have duties which subject us to some expenses, and which cost us some time and labor. What compensation do we receive? First, in regard to pecuniary expenses, we are repaid by the exemptions just stated. But there are higher considerations which bear on this point. The pleasure and benefit of social intercourse among us is alone a sufficient compensation. Does not every one who attends our meetings feel that we are enlivened and encouraged as to our labors? But the still higher motive is that which regards the community. The result of our labors is to secure to the community a succession of men duly qualified to practice the healing art, and to put such a stamp upon these men as shall distinguish them from all others—from pretenders without education or with an insufficient one. Let me add that if our efforts are successful, we derive an imme-

diate benefit and a full compensation for all that we do, from the satisfaction of belonging to a respectable profession.

While we strive to elevate the profession, and to guard the avenues to it, let each one be ready to contribute his part, however small, to the stock of knowledge. Let each furnish his mite, and from the whole, a valuable treasure will be gathered. This treasure, the treasure of knowledge, is one by which each of us may be enriched without impoverishing his neighbor. Very few, if any of us, will find the gold in large masses; it is scattered over the land in small parcels; but let each one pick up what lies within his daily course, and you will presently be surprised to find how large a heap has been formed. Learn how to gather this gold—this golden knowledge—and to separate it from any inferior materials, which have gathered around it. In other words, make observations carefully, state them briefly and truly, without regard to the inferences which may be drawn from them for or against a favorite theory. Take time to be exact, and do not think too much of the present trouble. Avoid the common error of confounding inferences with observations. It is well to state in a report the inferences which you have drawn from the phenomena observed; but state them as inferences, not as facts. These careful and correct observations are the true gold—better than that of California, which every one has a chance to gather, and thus to become a contributor to the great treasury of knowledge—a treasury open to all, whose wealth enriches all, and yet is never exhausted.

The Anniversary Discourse of 1844.

THE GOOD PHYSICIAN.

The author manifests in his own character the admirable sentiments of the Address.

REPLY FROM DR. JOHN HOMANS.

Mr. Chairman: I had the honor several years ago to deliver the discourse at the annual meeting of the Massachusetts Medical Society, held that year in this city. I took for my subject, sir, on that occasion, "The Good Physician," and endeavored to portray the qualities, intellectual and moral, as well as professional, which should mark the good Physician. I need not say, sir, that the portrait was drawn from reason and imagination, and not from experience. I was not so vain as to think I was presenting a likeness of myself. In the sentiment which you have just offered, the allusion is so direct, both to myself, and to the address which I delivered, that I suppose it was intended to call me out—and, as in common with most physicians, I do not feel at liberty to refuse any professional call, I rise to thank you, sir, and to thank the Society for the kind notice which you have been pleased to take of me, and for the friendly manner in which that notice has been received.

Mr. Chairman, in reference to another profession, the Clerical, it is sometimes said that it is much easier to *preach* than to *practice*—but to one who has been so long occupied as I have in our profession, it is much easier to *practice* than to *preach*;—easier to make a good prescription for a disease, than to make a good speech for the itching ears and earnest minds of an audience like this. I shall not attempt to make a speech, sir.

But, I desire simply to express the interest and satisfaction I have felt in attending these meetings of our Society, whether held in the heart of our Commonwealth, or in the mountainous and pic-

turesque region of Berkshire, or in the northern section of our State, or in the valley of the Connecticut, the most beautiful as well as fruitful portion of New England, or in this city, where the cradle of liberty was first rocked,—for our own profession, sir, is not without worthy names and honored memories in all these places and in their vicinities. I am old enough to remember some of the fathers who are gone—venerable and excellent physicians, whose wisdom and skill in their profession, whose noble qualities, would have made them worthy to sit for a portrait of “The Good Physician.”

Another satisfaction which I have had in attending these meetings of our Society, and which, I am sure, we have all enjoyed, has been in listening to the interesting and instructive discourses delivered on these occasions. Whether the speaker has treated of “Self Limited Disease,” or of “Diseases of Joints,” or on “Typhoid Fever,” or on “Medical Education,” or “Medical Jurisprudence,” on “The Duties, Trials and Pleasures of our Profession,” or on “Morbid Anatomy,” or on the “Progress of Medical Science,” or has offered “Contributions to the Study and Practice of Midwifery,” and many others—or, exhorted us to “Search out the Secrets of Nature,” the theme of a discourse most important in its relations to our profession, and so forcibly and clearly illustrated, that it could not fail to excite us to the more careful and patient study of those *secrets and laws* of nature upon the knowledge and observance of which rests the power of our profession to benefit and bless mankind.

But the *chief satisfaction* I have had here, and the *great benefit* to be derived from these annual gatherings of the members of our profession, comes from the social and sympathetic influences of the occasion. It is always good, sir, for men engaged in the same pursuits and objects, to meet together in a body, and look upon each others' faces, and spend a few hours in the mutual interchange of thought and feeling. Even if they get no new ideas, no increase of knowledge, they get refreshment of spirit, and carry to their individual sphere of action a fresh incentive to fidelity. And this, which is good for all, is especially good, and especially beneficial to the Physician, because his work is especially solitary. The Mechanic and Artisan works with his fellows, and shares a divided responsibility. The Clergyman meets his people in the church, or the vestry, and finds in them sympathising friends and coadjutors. The Lawyer competes with his brother lawyer in the forum and at the bar, and is helped in his work, by that strife and competition. But the Physician's path is solitary. He goes from house to house, from one sick room to another, *alone*—and often life and death hang on his individual, unaided, solitary judgment, prudence, and skill. He has little opportunity for daily intercourse, counsel or sympathy with his brethren.

These occasional gatherings are, therefore, especially necessary and useful to us. They do not add largely to our stores of medical knowledge, though they do something, perhaps, in this direction; but they refresh and invigorate our spirits; they send us back to our solitary, individual paths of labor, with a new sense of the dignity and usefulness of our profession, with a new resolve not to disgrace it by ignorance, rashness or quackery, but to honor it by a stern fidelity and a true progress.

In view of this thought, I will close these hasty remarks, by offering this sentiment:

That professional sympathy which cheers and lightens the burden of professional duty, and stimulates to professional fidelity.

Dr. O. W. Holmes's Speech.

A sentiment from the Chair then called out Dr. Oliver Wendell Holmes, he being represented as the embodiment at once of the scholar, the poet and the physician. He said:

Mr. Chairman: When any of us chance to call upon our professional brethren, we are very apt to find upon their slates those portentous words, which have carried dismay to many an ignorant messenger—“Leave no verbal message.” So it was enjoined upon me, when invited to appear before you to-day, “to leave no verbal message.” And in obedience to that call, I have written the few words I have to utter.

Mr. President and Gentlemen: It is the peculiar privilege of occasions like the present to indulge in such reasonable measure of self-congratulation as the feeling of the hour may inspire. The very theory of the banquet is that it crowns the temples with roses and warms the heart with wine, so that the lips may speak more freely and the ears may listen more lovingly, and our better natures, brought into close communion for an hour, may carry away the fragrance of friendship mingled with the odor or the blossoms that breathed sweet through the festal circle.

We have suppressed the classical accompaniments of good fellowship, but we claim all its license. Nor are we alone in asserting a title to this indulgence. Of all the multitudinous religious associations that are meeting around us, I have yet to learn that there is one which does not assert or assume its own peculiar soundness in the faith. I have seen a black swan and a white crow in the same collection, but I never heard of a political assembly where all its own crows were not white, and all the swans of all other political aviaries were not blacker than midnight murder or noonday ruffianism.

The few words I have to speak are uttered more freely because my relations with the medical profession are incidental rather than immediate and intimate. My pleasant task is all performed in the porch of the great temple where you serve daily. I need not blush then to speak the praises of the divine Art, even if you should blush to hear them.

I hear it said from time to time that the physician is losing his hold on the public mind. I believe this remark belongs to a class of sayings that repeat themselves over and over, like the Japanese machine-made prayers which our travellers tell us of, and with about as much thought in them. There are country people that are always saying there is a great want of rain—they would have said so in Noah's flood—for the first fortnight, at least; there are city-folks for whom business is always dull and money is always tight; there are politicians that always think the country is going to ruin, and there are people enough that will never believe there are any “good old-fashioned snow-storms” now-a-days, until they have passed a night in the cars between a couple of those degenerate snow-banks they despise so heartily. There are many things of this sort which are said daily, which always have been said, and always will be said, with more or less

of truth, but without any such portentous novelty as need frighten us from our propriety.

We need not go beyond our own limits, Mr. President, to find ample reason for proclaiming boldly that the medical profession was never more truly honored or more liberally rewarded than at this very time and in this very place. There never lived in this community a practitioner held in more love and veneration by all his professional brethren and by the multitude who have profited by his kind and wise counsel, than he who, having soothed the last hours of his long cherished friend and associate, still walks among us, bearing his burden of years so lightly that he hardly leans upon the staff he holds; himself a staff upon which so many have leaned through fifty faithful years of patient service. Talk about the success of the unworthy pretender as compared with that of the true physician—why, what man could ever have built up such a fame among us, if he had not laid as its corner-stone, Truth, Fidelity, Honor, Humanity,—all cemented with the courtesy that binds these virtues together in one life-long and inseparable union.

Do you complain of the failing revenues of the profession? I question whether from the time when Boylston took his pay in guineas, through the days when John Warren the elder counted his gains in continental currency, looking well in the ledger and telling poorly at the butcher's and the baker's, there was ever a prettier pile made daily than is built up by one of our living brethren, who fought his way up stream until the tide turned and wafted him into reputation, which makes his labors too much for one man and something over two horses. The success of one such diligent and faithful practitioner is the truest rebuke to charlatanism. It is a Waterloo triumph—a Perry's victory—not over the squadrons of Lake Erie, but the piratical craft of Quack-ery.

This world is not so different now from what it always has been. Pliny tells us stories of medical pretenders as good as any modern ones. Diogenes has given us in a dozen pages a very pleasant account of the famous charlatans of his own time, which one of our good friends has translated for us into equal y pleasant English. The particular shoe that pinches at the moment seems, it is true, the most ill conditioned bit of leather that was ever cobbled, yet there has always been about the same amount of pinching from the same cause. You complain, for instance, of my old friends, the Homœopaths. I grant you it is provoking to see a former patient smacking his lips over their Barmecide therapeutics. But, after all, they are less exceptionable, personally, and less dangerous than many other wholesale theorists. Then look for a moment at the course which the system follows in almost any community. It appropriates a certain predisposed fraction of the public, and having made converts of them for a longer or shorter period, its power is mainly exhausted in that locality. And what are these predisposed subjects? Many are simple and credulous, some are intellectual and cultivated, not a few of eminent social standing; but, with rare exceptions, they are just exactly the most restless, uncomfortable class of patients the physician has to deal with, poets with billious fancies, divines, whose medical opinions are offered as gratuitously as your advice is expected to be given; philosophical dilettanti, who insist on being dissatisfied with the only kind of answer a reasonable patient should expect.

Opium facit dormire
Quia est in eo
Virtus dormitiva,
Cujus est natura,
Sensus assoupire.

All that class, in short, who, instead of pulling the ropes as they are bid when there is a heavy gale and a lee shore, insist on going aft and breaking the eleventh commandment—

"No conversation with the man at the helm!"

On the whole, if our friends, who have a perfect right to choose their own names, will spare us that little impertinence of calling medical practitioners "allopathists," the profession is well off to have no worse antagonists. The next fancy that turns up may not be as harmless. The old brown rat of England was bad enough, but by and by the gray Hanover rat came and ate him up. Unfortunately he ate up the cheese and the bacon too, and a great deal faster than the old practitioner had done before him.

We may be well contented then. If we have one man living among us as much loved and esteemed as ever a physician has been; if we have one man who makes his calling as remunerative as any have ever done in the midst of us, we may be sure there is no lack of respect or reward to all who deserve either. If our most obvious antagonism comes in a comparatively inoffensive shape and with very limited powers of aggression, we need not complain of our professional position.

Count in the published lists all that practice the healing art in this great centre of population, and who stand outside of your fellowship; all that trade in the fantastic pretenses of the many counterfeits that infest the out-skirts of medical practice; the eclectics, the mesmerists, the botanics and the rest; rake all the dark alleys where the advertising sharper lurks behind his half-open door and his alais; count everything, male and female, red, white and black, clean and unclean, and though the catalogue is freely open, to every knave and ignoramus, it will be short compared to the list of the names which you enroll among your numbers from the same community. Weigh the amount of character, ability and knowledge represented in this list against the string of obscurities and more odious notorieties in the other, and you may judge, if health or life are anything to your fellow-citizens, what place we must hold in their regard.

"Hi regebant pata,"—these governed the fates, said the Natural Historian of ancient Rome, speaking of physicians. Governed the fates! Yes, and not only the fates of those that were under their immediate care, but often, through them, the fates of Empires and of interests wider and deeper than those of any earthly dynasty. Think of Dubois the elder, when the question was trembling in the balance whether France should be without an Empress, or her imperial master without an heir! Or go back to that bloody day of Saint Bartholomew, and look into the royal assassin's chamber—whom will you find there, hidden from the savage clubs and the crashing guns that were filling the streets with victims, while the bells of St. Germain l'Auxerrois were pealing their death notes to the hunted Huguenots? No brother, guilty of believing the detested creed; no mistress, whose blood was tainted with the stain of heresy; no favorite leader in arms, or council who had dared to defend the obnoxious faith—for Coligny's white hairs were the first to be dabbled in their blood; not one of these, but the wise

old man to whom Charles the Ninth once owed his accursed life; for the divine art sheds its blessings, like the rain, alike on the just and the unjust; the good and great surgeon, too good and too great for such a crowned miscreant, our own old patriarch of Chirurgery—Ambrose Pare.

Say, come down to nearer times and places, and look into the chamber where our own fellow-citizen, struck down without warning by the hand of brutal violence, lies prostrate, and think what fearful issues hang on the skill or incompetence of those who have his precious life in charge. One little error, and the *ignis sacer*, the fiery plague of the wounded, spreads its angry blush over the surface, and fever and delirium are but the preludes of deadlier symptoms. One slight neglect, and the brain, oppressed with the products of disease, grows dreamy, and then drowsy; its fine energies are palsied, and too soon the heart that filled it with generous blood is stilled forever. It took but a little scratch from a glass broken at his daughter's wedding, to snatch from life the great anatomist and surgeon, Spigelius, almost at the very age of him for whose recovery we look not without anxious solicitude.

At such an hour as this, more than at any other, we feel the dignity, the awful responsibility of the healing art. Let but that life be sacrificed and left unavenged, and the wounds of that defenceless head, like the foul witch's blow on her enchanted image, are repeated on the radiant forehead of Liberty herself, and flaw the golden circle we had vainly written with the sacred name of Union!

Dii, prohibete minas! Dii, talem avertite casum!

I give you, Mr. President,

The Surgeons of the City of Washington—God grant them wisdom, for they are dressing the wounds of a mighty empire and of uncounted generations.

Dr. S. Durkee's Speech.

The true Medical Philosopher. While he admires and adores the grand and sublime in nature, will not overlook those beautiful minutiae, which the microscope alone can reach.—Dr. Durkee will please respond.

Mr. Chairman: I have already, upon another floor, occupied at some length the attention of the Society on this anniversary occasion. I have in fact made my speech. I will not say I have made my mark, for I did not aim at that. But I will not now by any multiplicity of words, consume the time which belongs to others.

If I am not greatly at fault in my diagnosis, I perceive well marked physical signs, and rational signs,—very strong and agreeable signs,—signs not confined to the respiratory apparatus,—but crowding upon the sensorial region,—signs of mental congestion,—signs and emotions, which in my opinion should be allowed to have free vent. I rejoice to witness the workings of these pent up thoughts. Let the door be opened for their deliverance. I am certain, I say, that I see one and another, nearly by me, and in the distance, who in plain English, desire to speak. Let them come forward and stand in their appropriate niche as men of wisdom and masters of oratory. They hail from our mountains and hills, from our valleys and rivers, and from our cities and the borders of the ocean sea. Let them tell us and instruct us of what they have seen and known and read either in the unbound volume of nature or in the books of men.

By the time I finish, peradventure, I may give them a bone to pick and a pipe to smoke. And

now one word as to my own personal history. It was my lot to be born in New Hampshire at almost the very foot of Mount Washington. My younger days were spent in sight of the great family of mountains, the principal of which I have just named. As the heart panteth after the water brooks, so at an early period of my professional career, I ardently panted for the day to come when my name should be recorded among those who belonged to the Massachusetts Medical Society;—a Society embracing upon its catalogue many who have served with distinguished ability at the Altar of Science, and have offered up their precious incense for the benefit of suffering humanity;—men, whose names will ever be regarded as so many shining lights in the bright firmament that overspans the broad domain of medicine.

Well, sir, in due time I spread my hopeful, my trembling pinions, and came among you. And while I take pride in saying that the Granite State gave me birth, I take equal pride in saying that the Bay State gives me life and happiness.

You have alluded to me as a lover and a student of microscopic anatomy. It is true that for some years I have been charmed with the beauties and the wonders which the microscope reveals in connection with our physical frame.

But I must tell you also, Mr. Chairman, that I have sometimes been shocked at the sight of some abnormal growth which is now and then developed both in our material and psychological organization. There is one form of stern and hideous development appertaining to poor humanity which it is truly distressing to find. The product to which I allude is not mentioned in any strictly scientific work on anatomy. And yet I will not pretend that I have discovered anything new. From what I have seen of the matter, and according to the best process of analytical anatomy to which I have been able to subject it, it appears to be of a benign character in the incipient stages of its growth, so far as one can judge both with the microscope and without it. But if allowed to remain in the system, and to progress in its tendencies, it is exceedingly apt to degenerate,—and to assume a malignant aspect. From the few specimens I have seen, I am not able to say that it has any fixed, any well defined, or uniform shape. It will be sufficiently truthful to say on this point, that it is amorphous or polymorphous. Its elementary constituents possess great durability, and in this particular there is a seeming propriety in regarding it as osseous in its real character. It contains numerous winding canaliculi, and many sly and left-handed retreats, into which the individual can plunge and from which he can emerge at will, and cut up all manner of capers, which remind us of the snares and traps of Hiawatha.

Its properties are such that it will never bend, and it breaks with extreme difficulty. The fragments sometimes come together again with a violent and spasmodic force. I should have mentioned that it contains a large portion of earthy matter. It may be said to be of the earth, earthy.

Although in the elegant and refined language of descriptive anatomy it can hardly be designated as bone, yet in the metaphorical diction of oriental poetry, as well as in the chaste and classical dialect of our red ancestors of the forest, it is eminently entitled to that name. This substance, by whatever epithet we call it, lies deeply buried in some of the soft tissues, especially the brain, which upon post mortem examination, is always

found to be preternaturally soft and flat. The morbid growth in question has a great many salient angles, and is a very rough affair to handle. It is extraordinary not only in its composition, but also in its effect upon the economy. It eats like a cancer, unless its action be changed or the substance itself be removed, root and branch, by some adroit and philanthropic operation, that graces the annals of modern Surgery; and its place be supplied by something more pure and genial in its attributes. Of one thing I am satisfied, and that is, that the operation for its removal should be performed at an early day. To this rule there is no exception; for if suffered to remain and exercise its dominion over the patient, it always proves to him and to those about him, what the foulest and blackest smut is to corn, what mildew is to wheat, and the curculio to our choicest fruit bearers. Whatever be the position, or the ancestry, or the prospects, or the hopes of the individual who carries it in his constitution, it strews his path with brambles by day, and gives him a pillow of thorns by night. It stings him like a scorpion; and rather than have it about him, he had better roll himself in the dust, like a dog that would rid himself of parasites. He is continually tossed upon a sea of troubles, and he poisons everything he touches. The effects upon some of the organs of sense are strange enough. The laws of vision seem to be broken, and no oculist is able to restore them. The eyes are injected with a fiery red, as in hydrophobia; and when he looks into a glass the demented man knows not himself. In fact his light is put under a bushel. The hearing is nearly gone. The poor wight is as deaf as the veriest adder. The voice of kindness, and persuasion, and reason, he cannot hear;—and to speak to him is like beating the east wind with a feather.

In the language of Shakspeare—

“Tis a cause that bath no mean dependence
Upon our joint and several dignities.”

Without keeping you any longer in the dark, Mr. Chairman, let me tell you that I have in my mind's eye, the bone of contention;—if there be such a bone, whenever and wherever found, let it be cut out by the deepest Surgery; and like the bones of Moses, let it be buried where no man can find it; and let its place be filled with the warm and vital current of brotherly love.

“Bathe now in the stream before you,
Wash the war paint from your faces,
Wash the blood stains from your fingers,
Bury your war clubs and your weapons,
Break the red stone from the quarry,
Mould and make it into peace-pipes;—
Take the reeds that grow beside you,
Deck them with your brightest feather;—
Smoke the calumet together,
And as brothers live forever.”

Dr. H. W. Williams' Speech.

The true dignity of the Physician. A deep sense of his duty to his fellow men, and a just regard to the rights of his professional brethren.

It is not without pleasure, Mr. Chairman, that I respond to your call, for I receive it as an assurance that it is not to our venerated fathers alone that you look for a just appreciation of the character and the duties of the physician; but that you expect also to find, in the young men of the profession, the same sentiments which have been so nobly inculcated in the precepts and illustrated in the lives of our seniors.

We are well aware that the responsibilities we have assumed are far higher than those which govern the ordinary relations between man and man. The transactions of commerce are undertaken in the hope of gain; and, provided this is secured without dishonest representations, the conscience of the merchant utters no reproach, no matter how severe the loss which may have been endured by others. But the principles which constitute the true dignity of the physician, bind him to constant exertion and self denial. They require him to seek for and proclaim every means which may promote the public health,—to be ever ready to communicate to his colleagues, for the public benefit, whatever knowledge he may have acquired in his own experience,—and to regard, everywhere and always, the welfare of his patient above his own advantage.

Acting on these principles, it is a part of the physician's duty to his fellow men to cause them to respect himself and his profession, and to ask, for services of which he knows the value, an honorable appreciation.

I recollect, Sir, a reply I heard from a Professor of the Faculty of Medicine at Paris, after the revolution of 1848, to the guard stationed at the hospital of which he was one of the physicians. They asked him, “What do you think of the republic?” I shall not forget his answer. “The best men,—the most intelligent,—the best educated,—at the head of the others;—that is my idea of a republic.”

It is the privilege of this Society, Mr. Chairman, to assert, for its Fellows, a similar claim. It has a right to ask that the true gentlemen of the profession, who have devoted their lives to a vocation for which intelligence, education, honor, are among the first requisites, shall receive at least the respect which the honest sailor claims for his flag; that they shall not be classed, in public estimation, with the piratical charlatan.

The physician who truly honors his profession, will endeavor to respect and protect the rights of his brethren. While he is careful that the dignity of his calling shall not be sullied by unworthy acts of his own, he will equally avoid any ungenerous rivalry, or insinuations against the character or skill of his colleagues. And thus, fulfilling all his duties, though his name may not fill the trumpet of fame, *tuba mirum, spargens sonum*, yet he may hope for a worthy monument, in the grateful hearts of those whose infancy he has watched, whose life has been soothed by his care.

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THE PART TAKEN BY

NATURE AND TIME

IN THE CURE OF DISEASES.

A DISSERTATION

FOR WHICH A PRIZE WAS AWARDED

TO

ROBERT T. EDES, M.D.

BY THE

MASSACHUSETTS MEDICAL SOCIETY,

1868.

[It is understood that the Society is not to be considered as approving
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BOSTON:

DAVID CLAPP & SON, 334 WASHINGTON ST.

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B O S T O N :

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“A true announcement of the Law of Creation, if a man were found worthy to declare it, would carry Art up into the kingdom of Nature, and destroy its separate and contrasted existence.”

EMERSON.

DISSERTATION.

THAT the part of nature and time in the cure of certain diseases is a very large one, is a truth which has long been known to, and practically made use of by the most enlightened physicians, and the number of the diseases where it is admitted that nature's assistance is mainly to be relied upon, has in late years much increased. A popular prejudice to the contrary has so clearly harmonized with that feeling of which all men have more or less, namely, the wish to be or to seem of use and importance, that it has caused this truth to be somewhat neglected, and by many entirely lost sight of.

The more philosophical spirit of modern inquiry, which leads us to look at things as they are, and not as we would have them to be, is causing scientific men to diminish their estimate of the physician's power over the natural processes of disease, even while directing, and that too with not insignificant success attained and more hoped for, systematic and intelligent efforts to increase that power. The medical profession of the present day, though possessing far greater knowledge of physiological and pathological science than ever before, and far greater resources in the arts of medicine

and surgery, must yet be content to acknowledge the somewhat narrow limits of its curative powers, and while really doing much more, can honestly claim as its own work much less than earlier and less instructed generations thought they had a right to do.

The ways in which this fact has been proved and is still forced upon our attention are various.

The general advance of physiology and pathology consequent upon increased opportunities for post-mortem examinations, the improvement of the microscope, the increased knowledge of the collateral sciences, especially chemistry, and the greater facilities for diffusing information of every kind, thus practically enlarging the experience of every reading man, show most clearly over how many of nature's processes we have but little control.

Clinical experience, however, supplies the strong and only reliable argument in this as in every department of practical medicine.

Men so unfortunate as not to be able to obtain the services of a physician have not always died. The crews of ships unprovided with medicine chests have come safe and sound into port, and now and then some obstinate patient refuses the saving draught and recovers without assistance. "You have a physician," said the king to Molière dining with him; "what does he do to you"? "Sire," answered Molière, "we talk together; he orders me medicines; I take none of them, and I get well." The fashionable quackery of the day has furnished and still furnishes wholesale evidence, less free from contamination now, however, than in the days, long since departed, of its pristine purity.

Another class of evidence, less direct to be sure, but, considering the sources of each, quite as reliable, and if carefully sifted nearly as conclusive, is that derived from the results of active treatment.

So many diseases have been subjected to such opposite plans of treatment that these mutually eliminate each other's errors, and show nearly what nature unaided can do. Such evidence requires to be carefully examined in order to make sure that we are dealing with similar conditions; but this done, there is often but one interpretation to be put upon such equal results from such different modes of treatment, and that not particularly flattering to our discrimination.

These classes of cases furnished until lately our principal means of information on the natural history of disease, but the more general acceptance of rational views has prompted their confirmation by direct and careful experiment.

But before we go further it will be well to consider what we shall, for our purpose, take nature to mean.

All the surroundings of a sick man, the air he breathes, the food he eats, his clothes, his bed, as well as his medicine or dressings, and his constitution, hereditary or acquired, have their influence on the result of the disease; and yet, no matter what the other influences brought to bear, he would be spoken of in common parlance as left to nature, if he took no medicine, or were under no definite plan of treatment; yet if a fever patient how different his condition, whether his excreta be allowed to remain or be immediately removed, and his apartment ventilated; or if he be affected with phthisis, what air he breathe, or what food he eat; or if a surgical case, whether his bed be good or bad, or whether he keep still or walk about.

Abundant instances* may be found to show how very marked and favorable an influence ventilation, even to the extent of treating patients in a tent, has over the course of typhoid and typhus; yet, to the minds of the uninstructed at least, the hospital would seem as natural an abode as the tent.

* Flint's Practice, p. 811. Der Militärarzt, No. 25, s. 339.

It is manifest that these changing elements must be excluded, and we must consider nature to mean the pathological character and tendency of the special disease, combined with the constitution of a given patient, and, as far as possible, without regard to any external circumstances.

Suppose the course of any disease to be represented by a curve, of whose function the chief independent variables are the force of the disease and the force of the patient, and other circumstances come in as co-efficients to influence within certain limits the result. The form of the function may be such (it is not always so simple as $x-y$)* that either variable may almost wholly determine its value, whether it shall at any point become equal to zero. It is the form of this function, without regard to the co-efficients of external circumstances, food, air and medicine, which we may consider to be nature. Each disease has its special function, which is to be determined by eliminating, so far as we can, the disturbing and accidental elements. Or, to use another figure: the disease may be the seed, and the surroundings of the patient the soil. It is the inherent nature of the seed which determines the genus, species and variety of the future plant. The soil may be good or bad, and the plant may be vigorous or weakly, but its kind is determined before it is planted, and it will bear fruit at its appointed time, with some regard, it is true, to a greater or less supply of sun and light, but with much more to its own habit. The destiny of the plant, so far as determined by the seed and not by the soil, may represent nature in disease.

Nature, thus represented, is, to be sure, an abstraction; for as a curve cannot be drawn without definite co-efficients, and the seed will not germinate unless placed in some par-

* Dr. Holmes uses, in "Currents and Counter-Currents," a somewhat similar illustration to represent the depressing effects of some active remedies.

ticular soil, so the disease cannot actually exist unless it is in some definite human body under certain definite conditions. Yet it is with this abstraction that we have to do when we speak of general tendencies and not of the special cases.

Practically these disturbing elements which we here seek to eliminate are of the highest importance.

It was once considered that disease was an entity, a power of evil, against which the physician was to contend: according to some, without regard to nature; according to others, with her assistance. However sound a practice the idea of a distinct *vis medicatrix* working on the side of the physician may lead to, it is almost as false pathologically as the other. The *vis medicatrix*, unless it mean the original power of resistance of the constitution, is not separate from the disease but is a part of it, and nature cures because cure is the necessary consequence of what has gone before, and not because she has succeeded in counteracting morbid influences.

The cause of the disease may or may not come from without; nature seldom neutralizes it, but endeavors to get rid of it, and the disease is the action of the system under influences of which the former unchangeable physiological laws constitute a great part, but the extraneous morbid principle forms another and disturbing one. The march of typhoid fever, for instance, is a regular one, of which the decline is as essential a part as the rise and progress, and with our present means the physician has but little direct control over it. Whatever our views may be as to the amount of influence we possess over its course and termination, that influence must arise from the control we have over the circumstances under which the morbid process takes place, and not from any distinct obstacle we can oppose to its progress, or any power of removing it bodily.

In the very few instances in which we possess specifics

against disease, and most especially in malarial fevers, we see how different is the cure of art from that of nature.

These theoretical points are not without their bearing on the practical questions: when, how, and how often does nature lead to a favorable termination?

Notwithstanding the error of considering disease as an entity, the distinction of the cure of the disease from the cure of the patient is a good one.

"Le malade est parfaitement guéri de sa maladie, mais—il est mort de pneumonie," said Velpeau.

There are certain definite sequences of symptoms, arising from very similar or from different causes, which constitute distinct diseases and which have a natural termination of their own, though often not before they have set up some other train of processes properly to be considered a distinct disease, which may have on the patient an entirely distinct and different influence from the original one.

Measles and scarlet fever are very similar in character and symptoms; each has its definite course, and the getting well is as much a part of the disease as the getting sick; but the patient may go regularly through with all the symptoms of either, and find at the end that he has other symptoms whose connection with the primary trouble is clear enough, but are yet no necessary part of the disease. The patient may go through with his measles and die of bronchitis, or pneumonia, or abscess of the lung with secondary abscesses, or phthisis. His scarlatina may leave him with Bright's disease and various other troubles or deformities.

It is, then, the character and tendency of each special disease which is to be considered in estimating the part of nature in its cure, and it is this tendency, combined with the circumstances of each individual patient, which is to determine our opinion of his probable recovery without assistance, or to guide our action if any be necessary.

For the purposes of this essay a more simple classification than the usual ones will be sufficient, and some of the more clearly marked or important diseases shall serve as illustrations of the topic. Such a classification must be of course, as all others are, imperfect, and will violate many natural relationships.

The first class consists of the larger part of the acute diseases, and may be divided into three sections.

The first of these, including the exanthemata and some of the essential fevers, furnishes the very purest type of self-limited diseases. These diseases progress not only toward recovery, but toward recovery within a fixed time, and by processes which take place not only in regular succession, but at definite intervals of time.

Nowhere is medicine more completely in the background than in ordinary cases of the exanthemata. Even in the severer cases the efforts of the physician are rather directed to sustaining the patient's strength and attending to individual symptoms, than to any direct efforts against the morbid process.

It is not at all improbable that, had we the means of examining during life the intestinal walls in typhoid fever, we should find almost as distinctly marked stages there as upon the skin in the exanthemata, and appearances which would give nearly the same measure of certainty to the prognosis that the confluence or non-confluence of the eruption does in variola.

This fever, as indicated by temperature, with its regular rise at evening and fall in the morning, its increase for three or four days, its maintenance of about the same height for two or three weeks, and then its oscillating fall, show in an uncomplicated case, how regular, and, as it were, pre-determined, the changes are which the system is to undergo. So many methods of treatment have been used with this

disease and its relative, typhus, that although certain general principles have been established, and even some special systems have apparently met with much success, yet it is evident that the influence of artificial therapeutics is not the only one which directs the disease to a favorable issue.

Here, as in most diseases attended with fever, nature prescribes abstinence and keeps the patient on low diet for a few days; but it is often considered prudent not to wait for her to restore the appetite, but to feed the patient at an early period, when his own indifference and torpor prevent his desiring food.

The treatment by mineral acids, claiming something more than expectancy, and perhaps deserving it, does not materially change the type of the disease; and Polli's treatment with sulphites to prevent the further development of the poison is still *sub judice*, and seems to accumulate but little positive evidence in its favor. The possibility of cutting short the disease, though admitted by some, and, among them, by no less an authority than Dr. James Jackson, is not yet clearly proved, and moreover there seems to be no progress of opinion in that direction.

In all these diseases, even when fatal, the normal tendency is toward recovery, and the unfavorable result occurs when the strength of the patient is not sufficient to last through the natural course of the disease, or else from some secondary affection.

In the second section of this class are embraced the acute inflammations, diseases well marked as regards character and succession of events, but not so definite as the last in regard to time.

Inflammation, according to the earlier observations and theories, consisted in a change in the circulation and consequent exudation. Then Virchow placed the alterations of nutrition first, and made the supply of material a mere con-

sequence of the demand. Now M. Charles Robin* goes back in consequence of his observations nearly to the original views, and assigns the priority to the circulatory disturbance. The nervous influence, however, though not exerted directly upon the tissues, is a very important one in the matter, inasmuch as the minutest arterics and veins next to the capillary net-work are, through the muscular fibres surrounding them, under the control of the vasomotor nerves, and by the action of those nerves under a reflex stimulus the primary changes of inflammation are brought about. The irregularities in the capillaries, the slackening and partial stagnation of the blood stream, constituting congestion, and its stoppage, the crowding of blood disks and pouring out of the serum into and between the surrounding tissues, are the further stages in the progress toward fully developed inflammation.

Now may come in the onward progress rapid but imperfect growth of lowly developed cells, at the expense of exuded serum (suppuration), with destruction of normal tissues, which takes place where the inflammation is at its height; formation of new and usually feebly organized tissue in the exudation (false membrane, fibrous adhesions, cicatrices, &c.), which takes place under a less irritation, at some distance either of space or time from the most intense action; and finally, the death of more or less of a part en masse (slough, gangrene, necrosis).

The process may, however, stop at any stage and undergo resolution by a renewal of the circulation, beginning on the outer limits of the affected portion, and a gradual return of the vessels to their normal dimensions, with an absorption of effused material.

It is through these various processes that nature ends the

* *Legons Sur les Vaisseaux Capillaires et l'Inflammation.* Paris, 1867.

inflammatory diseases; as to local lesion, that is: when this depends on constitutional causes, the issue is correspondingly modified.

Whether we have any direct control over an acute inflammation by the so-called antiphlogistic measures, is one of the most disputed points in modern medicine. I am aware of no observations to show the effect of any remedies on a small area of inflammation under the microscope; but their effects on those parts of the body where the inflammation can be actually seen, are of the utmost importance as evidence of their value.

The plan of withdrawing blood from an inflamed part certainly seems most rational and simple, and the practice of centuries, together with the testimony of physicians who have experienced its effects in their own persons, leaves but little doubt of its immediate effect in relieving pain and oppression.

As to the inflammation of external parts, nobody thinks of bleeding for erysipelas, or a boil, or a carbuncle, and if an incision gives relief, as we know it does, it is from the relief of the tension, and not because the course of the inflammation is shortened. This last event also may, however, take place from removing the cause of irritation.

Especially in diseases of the eye, so accurately studied, and so carefully treated, ought we to get clear and undoubted testimony in favor of bloodletting, if its good effects are so marked and decisive as its advocates claim; or, if not from bloodletting, we should hear of some prompt method of cutting short an inflammation, if such a method exist.

Stellwag* says, "By local bloodletting the flow of the blood from the inflamed organ in the direction of the opened vessel is facilitated, the obstacles to the circulation diminish-

* Augenheilkunde von Dr. Karl Stellwag von Carion. 1864. S. 17 & 20.

ed, and so by a revulsive action the development of a stasis, the slackening of the bloodstream and the increased molecular attraction are checked." "Yet this action can never suffice to break up the inflammation." "Bloodletting is only an adjuvant which supports other antiphlogistics in the display of their activity, and as it were prepares the way." "Besides, the depletion thus brought about passes quickly away, the alterations of the current are soon equalized again, and the part returns to its former condition unless the process is opposed in other ways." "Of course the revulsion could be prolonged by repeated bloodletting, but such a prolonged depletion must necessarily lead to alterations of the blood and a considerable lowering of the patient's nutrition; and the production of such a state of things can scarcely be justified, in consideration of the limited operation of the remedy."

His estimate of the antiphlogistic medicines is as follows:

"Their number is great. Those most commonly in use are, mercury in its various preparations, especially mercurial ointment, calomel, corrosive sublimate, mercurius solubilis of Hahnemann, iodide of mercury, iodine, iodide of potass, tartar emetic, Plummer's powder, nitrates of potass and soda, alkaline carbonates, phosphates, acetates, and tartrates."

"In consideration of the uncertainty of the action of these remedies, the physician must refrain from their application as much as possible in pure ophthalmias; when circumstances call for it, use the milder ones, as nitre or the carbonates, and salts of vegetable acids, and only make use of the heroic when, by the intensity or extent or seat of the inflammation, the danger of an unfavorable result is at its highest, and it is necessary in case of an evil event to be able to say that all has been done that could be done."

Is any more satisfactory evidence than this to be obtained among the internal inflammations, where we lose the evidence of our most reliable sense and are obliged to depend upon

the sensations of the patient and our own less accurate senses?

A pneumonia is one of the simplest examples of a severe acute inflammation. From the rapidity of the circulation and the volume of the blood it is an intense inflammation, and, from the importance of the organ affected, a serious disease. It has been made the battle ground over which the contests of bleeding, tartar emetic, and nature, as well as that allied dispute in regard to change of type in disease, have been carried on.

Bennett has shown, and the truth of his conclusions is quite extensively admitted, that none of the modes of interference heretofore practised have been otherwise than injurious, and the success of a purely expectant treatment, acknowledged or concealed under a fashionable disguise, prove nothing but the same thing.

Bennett says that we cannot draw the blood away from an inflamed lung; but it is urged, on the other side, that the object is not to withdraw blood from a part already inflamed, but to counteract the tendency. There is no anatomical nor *a priori* reason why this might not be effected by a general bleeding, but we can only say from clinical experience that we have no sufficient proof of such a result, or rather no proof that the inflammation ceases on the withdrawing of the blood. On the contrary we have a right to suppose, that as in the eye so in the lung, "the alterations of the current are soon compensated, and the part returns to its former condition." When we remember that the primary change in inflammation, so far as can be seen, is in the bloodvessels and not in the blood, this does not seem unaccountable.

Strange as such an application of the word may seem, blood-letting is little more than a palliative in most cases, and in many a serious injury. The means sometimes made use of with much confidence in inflammatory diseases for bringing

down the pulse, being, as their advocates call them, substitutes for venesection, especially *veratrum viride*, *aconite* and *digitalis*, may very justly stand on the same ground.

Nature, then, is the grand healer of inflammation, and her medicines are rest and time. The physician has often to aid in procuring the first in various ways, or by sustaining treatment to gain enough of the second for nature to carry through in due succession her processes.

It is unnecessary to refer to the statistics and arguments in regard to the treatment of pneumonia, for views similar to these that I have expressed are very generally held, and it is well known that in a large proportion of cases, when the patient is neither very young nor old, uncomplicated and single pneumonia is not a very dangerous disease.

The resolution of a pneumonia is not a simple resolution of the inflammation, but is a more advanced stage, for the material deposited outside the bloodvessels in completely hepatized lung is removed partly by expectoration of pus, and partly is absorbed in a changed form when the blood resumes its normal course.

The severe and fatal cases of purulent infiltration do not differ from the ordinary cases in kind, but in the amount of suppuration; and every case of pneumonia which recovers, probably goes through a suppurative stage. After this is removed the lung is again useful. "The pus can be discharged or absorbed without leaving behind any change of the texture of the lung tissue."*

For the more unfavorable results, abscess or gangrene, nature is not without provision, and her cure is the only one, for when these conditions have occurred, art is absolutely powerless except for alleviation and support. When the remainder of the lung is freed from its exudation, the abscess

* Forster's *Lehrbuch der Path. Anat.*, s. 299.

may be encysted and its contents partly absorbed, and then calcified, or its contents may be evacuated and the walls fall together. In gangrene, after suppuration around the affected portion and its expectoration, a similar process takes place.

Rare as these events must be, they yet show the tendency which is always present, and which, if the patient have the necessary vital power, will accomplish the desired result.

This "if" is, to be sure, the one important thing, and it is but little consolation to the friends of a patient to be told after his death of a reparative tendency; and yet this tendency is what the physician is never to forget in these cases, for beyond the assistance he can render in carrying out nature's plan by prolonging the life and sustaining the strength of his patient, he can do absolutely nothing.

I have no purpose of running through the whole list of inflammations, but only to speak of a few examples to show how little direct influence we have over them.

Pericarditis, pure and simple, usually gets well, leaving less trouble behind than endocarditis. "We possess no agent which can have a direct influence on the course of the inflammatory process which takes place in pericarditis."* "The therapeutics of endocarditis is about the same as that of pericarditis."*

Peritonitis, from the severity of its symptoms and the frequency with which it accompanies some other diseases, deserves a separate mention. The inflammation, here as elsewhere, runs its definite course; but from the extent of surface involved, and the very numerous and important connections of this organ, the depression and danger are such that life often ends before the inflammation can. Nature's cure requires rest, and while she by the intense

* Oppolzer. Vorlesungen über specielle Path. & Therapie. 1866.

pain enforces it to a great extent, the most efficient assistance that art can render is to make the repose of all organs concerned as complete as possible by opium. It sometimes, when partial, follows a short and very mild course, as in those cases connected with derangements of the female sexual organs,* and even the cases in which it is evident that it has run a severe course are not unavoidably fatal, as shown by a case (quoted, I regret to say, from an American Journal) where a tumor, supposed to be ovarian, was actually exposed by an operation and found to consist of a ball of adherent intestines.

Whether peritonitis ever terminates by resolution, or without adhesions, must remain somewhat doubtful, from the want of positive evidence of an early degree of the inflammation, yet such a termination is not improbable.

There are now certain other inflammatory diseases where the turning point is further from the beginning, or where some new element is joined to simple inflammation, or some peculiar anatomical relations make the process a more dangerous one. We may have suppuration, abscess, false membranes, serous effusion and adhesions, in places or under circumstances where they are much more difficult to dispose of or make much more trouble than the exudation in the lungs in pneumonia.

A bronchitis in the larger tubes is almost a trivial ailment, while a process of the same pathological character, and having the same tendency to spontaneous cure, occupying passages of a much less calibre, becomes a most dangerous disease, the so-called capillary bronchitis or suffocative catarrh; fatal, not because nature has no tendency to cure, but because she has not time, and the function of the injured parts cannot be for a moment suspended.

* Bernutz et Goupil. Clinique Medicale sur les Maladies des Femmes.

Nowhere is the blindness of the efforts made by nature toward a cure more clearly shown than in the results of inflammation, suppurative and adhesive, and in no way does she show more conclusively that, beneficent as the general tendency of pathological laws may be, and is doubtless intended to be, yet the welfare of the particular patient is not their final cause, and the efforts of art may often so bring a special case under the operation of general laws as to get a more favorable result than nature alone would have given. The same kind of inflammation which glues the liver to the abdominal wall before the abscess breaks, or which hinders the sloughing hernia from discharging its contents into the abdominal cavity, may unite other parts which ought not to be united, and become the cause of a fatal strangulation. The wall of lymph which prevents the blood or pus from leaving the pelvic peritoneum for the larger cavity, displaces the organ whose derangements give rise to the irritating effusion.

A growth of new tissue, often considered inflammatory, which is the agent of repair in bone, ligament; and tendon, when taking place in other organs, slowly contracts until the life is crushed or starved out of the delicate secreting cells of the liver or kidney; or the alveoli of the lung are rendered useless, or the posterior columns of the spinal cord can no longer permit the appropriate sensations to pass through their tender fibres.

The periosteum, whose activity would, under a certain stimulus, supply the place of lost bone, will, under a similar one, when no bone has been lost, increase the size of that already existing, to the great discomfort and deformity of the patient.

Pus, which should reach the exterior by an opening through the skin or intestinal wall, may choose a dangerous or inconvenient path through the bronchial tubes or into the

peritoneum, or it may burrow deeply among bones and muscles beneath the surface.

Some of these processes may be more or less controlled by art. Among the inflammations rendered peculiarly dangerous by their nature or situation, may be reckoned those of the organs contained in the cranium and spinal canal. Here, from the delicacy and importance of the contents, and the unyieldingness of the case, an amount of inflammation, which elsewhere would not be of so much moment, is followed by the most serious consequences.

If the inflammation goes far beyond the point of resolution, nature, although having the same tendency as elsewhere, so far as regards the process, as we can see by the formation of a denser wall around a purulent collection, yet can do but little for the patient; for the resisting walls, which are the defences of the healthy organ, are equally barriers to getting rid of morbid products.

We must wait for further information to decide whether the cases of epidemic cerebro-spinal meningitis, which recover, have advanced beyond the stage at which a simple resolution of the inflammation takes place.

A disease which, from the important anatomical relations of its product, may be mentioned in this connection, is croup. Though giving all credit to the energetic and successful local treatment of later years, nature's influence is far the most important. The original character of the disease has much to do with the issue after tracheotomy. The distinction between croup and diphtheritic laryngitis* is an extremely important one, though unfortunately not always to be made out until the progress of the disease has made the prognosis too plain without it. The location of the first appearance of membrane is probably not always to be relied upon in

* Laboulbene. Sur les Affections pseudo-membraneuses.

distinguishing the two forms, and is certainly not available in every case. The practical question is to know (let the names I have given be correct or not) whether the new formation is to continue downward, or to be limited to the larynx and its neighborhood; for the tendency of this formation must determine between death and possible life.

In time this peculiar inflammation, like others, subsides and its products are eliminated; but if the formation continue downward, against which event we know no effectual means, the time gained by tracheotomy is of no avail; while if the disease is merely a local obstruction, or if its course stop short of the finer tubes, the operation is often the saving of life. Thus the operation, which in each relieves the laryngeal symptoms, thus evading the fatal consequences of obstruction in *that* place, would, in the one, allow the course of the disease to complete itself rapidly and the patient to recover; while in the other, the stopping place of the exudation, though perhaps just as definite as in the first, is yet so much farther off, and in so dangerous and important a region, that the patient dies as soon as or before it is reached.

Diphtheria, not affecting the larynx, may, so far as our view of the subject is concerned, be ranked among the exanthemata and fevers.

Gout and rheumatism, having many relationships, differ much as to the amount of accurate knowledge we have of their pathology: for while in the one we know the poison, its retention before the attack, and its elimination as a cure; in the other, except from analogy, we have but little corresponding knowledge.

Clinically, however, there are few diseases of a more or less uncertain course which show more conclusively a spontaneous cure than rheumatism. Led by the favorable results of so many different kinds of treatment, many direct experiments have been made on the cure of this disease without

medication, palliatives excepted, and with results much more interesting to the originators than flattering to the inventors of more elaborate schemes. Flint, Garrod, Gull, Rees, Chambers, have found the course of acute rheumatism to be nearly the same under palliative as under more energetic treatment, and some cases to recover with a rapidity which would certainly have been ascribed to the placebo used, had its nature not been well known.

The other disease with which I have, as is usual, associated rheumatism, has seldom if ever been left to itself on a sufficiently large scale to determine its natural history; yet it is very certain that colchicum is able to shorten the duration of the paroxysms, and equally so that nature has no strong tendency to its permanent cure without assistance in diet or drugs.

If, however, we look at the paroxysm as the disease, and its constant repetition as a constant renewal of the cause, it does not stand apart from the larger number of acute diseases and inflammations, and the means used to prevent the recurrence must be looked upon as rather removing the cause than curing the consequent disease.

We may, however, call the constitutional tendency the real disease; when it must be admitted that under the circumstances of life and diet in which it arose, the tendency to cure is but small; or we may say that the disease arose from a departure from nature, that is, from a normal and physiological mode of life, and that a return to nature often cures it. The difference is only in words, and depends on whether therapeutics is supposed to include hygiene, or is something added to it.

Another somewhat heterogeneous group of acute diseases is to be made on negative grounds, inasmuch as they are not exanthemata nor inflammations, and their pathology is as yet by no means clear.

Of cholera, notwithstanding the amount which has been written and observed and the theories of its pathology, good, bad, and indifferent, it can only be said that no plan as yet has received general assent as giving in *fully developed cases* better results than nature alone. That a certain proportion of persons attacked do recover shows nature's endeavor, when we consider the entire inefficiency of therapeutics in another portion. Beside our progress in prevention, we must still hope for greater power of art in this disease, for though undoubtedly nature cures many, the uncured are also very many.

In tetanus the acute cases are almost invariably rapidly fatal, but the chronic form holds out a fair prospect of recovery under various treatments, or, in other words, has a considerable natural tendency to get well.

Of hydrophobia the mention is sufficient.

Delirium tremens, left to itself, recovers in a large proportion of cases, and, like tetanus, is successfully treated in many ways.

Of the second large class, the chronic diseases, I have made four groups: chronic inflammations, degeneration, new growths, and constitutional diseases.

The chronic inflammations show, by the very fact of their being chronic, that nature has no very strong tendency to cure them, nature in our strict and limited sense that is, for they are often but a little way from recovery, and a very small change in surroundings, without medical treatment, strictly so called, may make the difference between their long continuance and speedy cessation.

The caprices of chronic rheumatic inflammations are familiar, but the remissions, which recognize as their cause nature rather than therapeutics, can hardly be considered in the light of a cure, and the whole disease, with its varying severity and constitutional cause, is analogous to the gouty

diathesis, somewhat as acute rheumatism is allied to the fit of the gout.

One of the most important points to which inquiry can be directed in this section is chronic Bright's disease. Among all the classifications of kinds and stages, two forms (excluding the acute disease and the amyloid degeneration) are tolerably well established. One, in which the kidney is larger, the tubes crowded, the cells opaque and fatty; the second, in which the kidney is smaller, more fibrous, many tubes destroyed and perhaps their place taken by cysts; a chronic catarrh with increase of fibrous structure. They are also to be distinguished clinically, the first by diminished urine, much albumen, early dropsy; the second by but slightly diminished urine, little albumen, little dropsy or even none, and early cerebral or nervous symptoms. It is probable that the prognosis of the latter, if not of both of these forms is better than is often supposed, and that the usual very unfavorable opinion of their termination is owing to the want of an early diagnosis; the lesion of the kidney not being detected unless it has advanced sufficiently far to give rise to serious symptoms, or such as direct the attention strongly to the organ at fault.

It seems fair to suppose that when a part of the kidney loses its epithelial cells and undergoes contraction, it is forever unfit for its labors; but much uninjured substance may be left to carry on the work. Observation shows that patients who have suffered from this lesion of the kidney, as proved by repeated examinations of urine, may live for a long time in comfort, although obliged to be careful in throwing extra work upon a damaged organ.

Though medical aid is often of extreme importance, its function is chiefly to adjust the work to be done to the diminished capacity for doing it, until the system accommodates itself to altered circumstances. An early diagnosis

is of great importance, and enables us sometimes to assist nature to a cure, or at least a suspension of the disease, which otherwise she might accomplish.

On the other hand there are well marked efforts on the part of nature, if not to cure the disease, at least to counteract some of its evil consequences. Purging and vomiting often seem to be spontaneous, and relieve the blood of excreta which have failed to pass off through the usual channel. I do not feel sure how far these remarks would apply (except as to the eliminative processes just mentioned) to the first form of Bright's disease with the enlarged kidney, which seems to have more connection than the one we have been considering with a blood disease, and has accordingly a more unfavorable prognosis.

Among the formative or plastic inflammations is one group which consists of hypertrophy or hyperplasia of connective tissue in various organs. It constitutes the primary lesion in certain inflammations of the spinal cord,* the thickening of the stomach so much like cancer, cirrhosis of the liver, the chronic fibrous or interstitial pneumonia, and is also concerned in the degeneration of the kidney just spoken of.

There is nothing to be said of nature's part in the cure of these diseases, for no cure takes place except in chronic pneumonia, where the diagnosis is always open to a doubt as to the form of the disease; and in the affection of the kidney, where there is rather a temporary suspension than a cure.

The catarrhal processes are in themselves of much importance, but especially so in regard to their consequences.

I shall make no apology for following the more modern views of so called tuberculosis, nor for taking Niemeyer†

* Frommann. Anatomie des Rückenmarks. Jena, 1864.

† Clinical Lectures on Pulmonary Phthisis, translated by J. L. Parke.

as their exponent, since although these views are not very new to pathological anatomy, yet they have not before received so systematic an application to practical medicine, and especially to the most important subject with which they are connected, namely, pulmonary phthisis.

According to him, phthisis in the majority of cases belongs with the chronic inflammations, or is even occasionally an acute inflammation, that is to say, a pneumonia; and the so called infiltrated tubercle is a degeneration of inflammatory products of a disease, usually but not always catarrhal in its character, rather than the ordinary fibrinous, or, as he calls it, croupal pneumonia.

This view has of course great influence on prognosis and therapeutics, and Niemeyer accordingly says that he does not consider chronic pneumonia or its resultant phthisis an especially dangerous disease, and he ascribes to certain antiphlogistic, or rather antipyretic measures, a most marked efficacy in arresting its progress.

The belief in the curability as well as the recovery of many cases of phthisis has for some time been gaining ground in the profession, and the views I have referred to, must, as any advances tending to greater accuracy and nicer distinctions in pathology, give more precision and directness to our efforts in that direction, especially if diagnosis keeps even pace and enables these distinctions to be recognized during life.

If the author quoted shall be sustained by experience, we must regard the new field opened to therapeutics as a domain captured from the enemy, and not as relinquished by our friend and ally, nature, for some of the recoveries must be always attributed solely to her. Of the purely spontaneous recoveries, the wood chopper whose case Dr. James Jackson details in his letters is a good example. Flint* finds among

* Practice of Medicine, p. 276.

the cases he has analyzed, a certain small proportion who have recovered without any special treatment. Perhaps a nicer diagnosis and a distinction of the different forms will enable us to say in which cases the intrinsic tendency to recover is the stronger.

The method of cure is that of a retrograde metamorphosis of the caseous products, the cells becoming degenerated, wholly or partly absorbed, and their place occupied by fibrous tissue or calcareous degeneration. It seems to be a certain element of chronicity, which cannot be accounted for except on some not very definite theory of constitution, which permits this termination. When the course of the primary pneumonia is more rapid, cavities are rapidly formed by the degeneration of the exudation, and a galloping consumption is the result. If, however, the deposit and the softening take place more slowly, the morbid material may be evacuated, and the cavity either cicatrize or become lined with a smooth, serous like membrane. The more usual form of cure is a degeneration, partial softening, absorption of the caseous products, and a fibrous or cretaceous transformation of the remainder. The rare event of a vomica emptying into the pleura must be regarded as one of nature's mistakes.

First of the new growths which make the next division of this class, true tubercle, the little collection of new and lowly organized cellular elements, can for our purposes be soon disposed of, whether in the tubercular disease of the lungs, either consecutive to the caseous degeneration of pneumonic products or independent and primary, or in tubercle of the intestine or meninges. It is almost necessarily fatal; we have no remedy against it whatever, and supporting treatment is of little avail.

"If we have recognized that a phthisical patient is tuberculous, we do not send him to Nice, to Cairo, &c., but permit

him to spend his last days among his own relations and die in his own household."*

"The few cases which are scattered through the annals of medicine, can be regarded only as the exceptions which prove the rule that hydrocephalus, following the law of tubercular disease in general, is almost incurable, while it proves mortal all the more frequently owing to the importance of the organ which is its seat."†

The terms used to designate the differences of new formations or heteroplastic growth, more or less related to cancer, express in themselves the usual judgment, not precisely of what nature may be expected to do toward a cure, but how far she is likely to assist and confirm the efforts of the surgeon in that direction.

As to the truly malignant growths, nature's cures are so rare as to have no practical value whatever. Arrest or extreme slowness of growth are of more importance in prognosis or in deciding the question of the propriety of surgical interference.

Two processes‡ may produce a temporary, or in extremely rare cases a permanent cure, even in scirrhus and encephaloid cancer. First, the tumor may simply stop growing, or perhaps slowly contract. This may possibly be due to the cutting off by the growth, of its own supply of blood, a proceeding which has been surgically imitated in growths of a less malignant character. Second, sloughing and removal of the mass.

Important and interesting as this subject is, there is the less to be said upon it from our point of view, that we know little or nothing of the causes which determine so favorable events, nor of the precise manner in which they are brought about.

* Niemeyer, *op. cit.* † West. *Diseases of Infancy and Childhood*, p. 90.

‡ Paget's *Surgical Pathology*, pp. 520, 558.

In the whole question of malignancy and recurrence, is involved, in spite of all the theorizing, an entirely unknown element, which makes it impossible to reason about heteroplastic growths, except in the light of a most extended experience. The solution of this problem demands a greater array of more carefully elaborated facts than has yet been accumulated. The recurring fibroid and malignant fibrous growths of Paget show how difficult it is, until the experiment is actually made, to say how far nature will allow the surgeon's efforts to be successful, for many growths which return cannot possibly be distinguished anatomically from those which are considered innocent.

The less malignant growths are less likely to be studied as to spontaneous cures, from their greater amenability to surgical treatment. The fibrous tumors of the uterus have a method of cure peculiar to themselves, beside those seen in other tumors, in their removal by the muscular efforts of the organ in which they are contained or imbedded.

A very familiar example of a spontaneous cure of a papillary and epithelial growth is the removal, by charms and domestic applications, of the warts with which so many children's fingers are adorned. The patient undergoes some mysterious manipulation, and is told not to look for a certain time, and when he looks his wart is gone. This probably takes place by a partial absorption of hypertrophied papillæ and desquamation of the epidermis, assisted, perhaps, by accident.

Ovarian cysts undergo spontaneous cure by ulceration into intestines or vagina, or an opening, accidental or otherwise, into the cavity of the abdomen where its contents are absorbed and excreted.

In the next section, the degenerations, the deposit of fat within the elementary structures, resulting finally in their destruction, is the most frequent and most important form.

Its physiological uses show the essential unity of health and disease. The difference between the fatty degeneration of the uterus and that of the heart is not in the nature of the process, but in the time at which it occurs: the first not becoming affected until the immediate call for its activity is over; while the second organ can never rest from its work until life ceases.

If the degeneration were to begin in the uterus while still liable to be called upon for muscular contraction, and be sufficiently far advanced at the time of its great effort, it would either fail to act or be ruptured by the superior strength of portions less far advanced toward complete loss of structure and function.

So the rapid destruction of fatty cells, which in the mammary or sebaceous glands, or in the liver of some invertebrates, furnishes the normal secretion, if it take place in the kidney, where the cells are not so rapidly replaced and the means of escape for degenerated portions are insufficient, destroys the proper structure, and renders it incapable of carrying on its proper function.

Complete fatty degeneration is the death of the part affected; and upon the time of its occurrence and the anatomical structure of the organ in which it occurs, depend the relations of the local process to the disease as a whole, so that it may be as regards the general condition either a step upward or downward.

Its therapeutic uses are strictly analogous to its physiological, in removing or rendering capable of absorption various morbid materials. When the exudation of pneumonia softens and the large inflammation corpuscles or degenerated cells are formed, together with the pus of which also the cellular elements are more or less fatty, it is this progress toward death which renders resolution possible.

The liquefaction of the caseous formations usually called

infiltrated tubercle, as well as of the true tubercle, with their partial absorption and expectoration, and even the fatty degeneration of cancer, are more or less successful attempts to get rid of matter which would be injurious by its continuance in the body.

We might even generalize further, and speak, as does Paget, of general fatty degeneration as the natural mode by which life is gradually terminated as man draws near the "limits of his course and fulfils the appointed cycle," but this grand cure for all diseases is what we are to try to put off to the latest possible day.

Of the local degenerations which do or may occur before the rest of the organism is so far advanced, and which are of special importance, the chief are those of the heart and blood vessels. For the first, nature has no cure; since no part of the heart can be temporarily withdrawn from labor, and the little comparative rest which can be given is rather a palliation than anything approaching a cure.

For the consequences of degeneration of the cerebral arteries nature has resources, though the causative lesion itself remains the same. A large part of the cerebral clot formed by rupture of a degenerated artery may be absorbed and the remainder do no harm, except by the interruption it offers to the course of a certain number of nerve fibres.

The partial recovery which often takes place soon after an apoplectic or simple paralytic attack is probably due to a removal of pressure, at first perhaps from an adjustment of the cerebral circulation, and afterwards from an absorption of effused blood. The amount of paralysis remaining for a longer time depends on the number of nerve tubes actually ruptured. Even this lesion can be repaired, though at a longer interval of time; at least there is no reason why a restoration of nerve tubes should not take place in the brain

as well as in peripheral nerves.* This restoration takes place after a previous extensive fatty degeneration of the white substance of the nerve fibre, though it is probable that the essential part, the axis cylinder, remains intact except where actually ruptured. Clinically we know that an amelioration of symptoms nearly approaching a cure not infrequently occurs, and considering the inaccessibility of the organ, and the little means we have of influencing its processes, these improvements, after what we have reason to consider a serious organic lesion, must be almost entirely due to nature.

Fatty degeneration of the kidneys does not hold so important a position at the present day as a few years ago, when it was considered the essential lesion in Bright's disease. It is probably in most, if not all cases a secondary lesion, and the cases where fat exists in the profusion indicated by the plates figuring in so many text books, must be extremely rare. It is doubtful whether a small amount of fat is even morbid; it certainly is not a very serious lesion.

Of the amyloid and pigment degeneration so little is known clinically, and they are so seldom present alone, that there is but little to be said about them, except in relation to the pigment disease known chiefly from the work of Frerichs.† This seems, from the cases he reports, to follow much the same rules in regard to recovery as the severer forms of intermittent fever, of which it is a result and a complication.

The calcareous degeneration is usually an accompaniment of the fatty, and enters with it into the cure of tubercle. It is often found in cancer. There is of course no cure for it by nature or otherwise when it occurs in the arteries, but

* Vulpian. *Leçons sur la Physiologie du Système Nerveux*. Leçons XI. XII.

† *Clinical Treatise on Diseases of Liver*. Syd. Soc. Trans. Chap. VIII.

sometimes calcareous masses are gotten rid of by ulceration, especially from the lungs.

Four constitutional or blood diseases make a fourth group of chronic diseases—syphilis, diabetes, scurvy and malarial fever. Two others included elsewhere should perhaps be here, but for the cure of tuberculosis (using the name in its restricted sense), there is but little to be said; while in regard to the different forms of the second, the local lesion seemed a more tangible subject than an ill-defined blood disease.

As regards the natural history of syphilis as left entirely to itself, we have had, and are likely to have, no well-recorded experiments on a large scale, but the discussion as to the use of mercury brings us a long step nearer to a natural treatment than the position of the medical profession when that metal and its preparations were regarded as specifics; for certainly the tonic or simply hygienic treatment now used by many is less likely to obscure its natural progress than so powerfully alterative an agent as mercury. Entirely neglected syphilis must be a rarity, and from the debilitated constitutions likely to be possessed by those in such circumstances as to be indifferent to or unable to obtain assistance for so serious a disease, such cases would hardly be fair examples of its course in previously healthy systems. Dr. Josef Hermann,* of Vienna, in a report made on June 22d, 1867, gives a detailed defence of his method of treating syphilis without mercury, and proves, so far as statistics introduced for that purpose can prove, that the duration of the disease is shorter, and the relapses fewer, than by the mercurial plan. He reinforces his own extensive experience by the experiments of the Swedish government, and of Fricke in Hamburg, besides many other authori-

* Wiener, Med. Wochenschrift, No. 61—67.

ties, of whom the best known are Devergie, Bärensprung and Boeck.

Especially apt to our purpose is the energetic declaration of Despres,* basing his opinions on experiments at the Hospital St. Louis: "And farther I say, that a surgeon who is in a position completely to control the hygiene, regimen and manner of life of a patient for eighteen months, will cure syphilis without a so-called specific."

Without passing judgment upon, or even discussing the question of the relative value of different methods, these quotations are enough to show that excellent results may be obtained by a treatment much nearer to nature than the specific one.

As to the method of cure we can say but little, inasmuch as it really consists in a cessation of the constitutional tendency rather than in any peculiar process of the local lesions, which, when the general disease gets better or wears itself out, cease to be peculiar.

A consideration of the bearing of our question on scurvy would be chiefly a question of definition, since it is a well known fact that under one set of hygienic conditions, nature cures scurvy promptly and completely, and under others has no tendency whatever in that direction. The patient remaining in the same circumstances in which the disease originated, nature's share in the cure is small or none. Art, however, is often able clearly and efficiently to take her place.

It is somewhat so with diabetes also. The means for its cure are principally dietetic, but unfortunately nature does not lead the patient as in the case of scurvy to adopt the necessary measures, even when it is entirely possible to do so. "No diabetic need expect to recover or continue well who cannot exercise self-control and make up his mind to be

* Id., No. 68.

temperate in all things." Self-control is usually far from being nature.

There are, however, differences in the tendency of various cases towards recovery, but the determination of these is not very easy as a matter of prognosis, though they show some effort of nature for a cure.

Intermittent fever might seem more appropriately placed with the other essential fevers, and if the paroxysm, or even a single succession of paroxysms, were the whole disease, it would have no right in this connection. But the poison remains so long in the system, and the cachexia is so marked, that it may very well be considered chronic. No disease could have a more perfect cure by nature than a single paroxysm of ordinary intermittent does. The constitutional affection is said in time to wear itself out, and in a favorable climate undoubtedly does so. A remittent follows a course of somewhat the same character as the continued fevers, and obeys somewhat the same rules as regards recovery, while even the most pernicious forms often yield spontaneously for a while. This temporary amelioration of the pernicious forms is the part of nature, but art must seize the opportunity or nature will be insufficient to the cure.

One of the most remarkable circumstances connected with this singular disease, next to the periodicity of the separate chills, is the relapses or recurrences which occur after a cure or temporary cessation, at intervals said to be multiples of seven days. My own experience has included quite a large proportion of recurrences at intervals of twenty or twenty-one days.

If in a healthy climate an attack be interrupted by quinine after one or two paroxysms have occurred, the next recurrence at an interval of two or three weeks will probably be much milder, and the succeeding one milder still; so that by a combination of art with nature the disease wears itself out,

if not sooner, as regards the whole length of the disease, than by nature alone, yet with a much less number of sick days.

The third great class of diseases contains those arising from accident or injury, and some lesions from disease where the cure is rather an effort to make up for the bad effects of the morbid process, than an attempt to cure the original affection. This might be called the class of repair and compensation in distinction to the others, or those of cessation, elimination and recovery. It is in a large measure surgical.

The curative efforts of nature are as clearly to be recognized in surgery as in medicine, although the former is able so much more boldly and positively than the latter to take some essential part of the cure out of nature's hands.

From the processes being more accessible to observation in surgery than medicine, it is possible to distinguish more accurately the part in any cure due to art and the part to nature. Art removes a tumor which nature probably never would do, but nature heals the wound which it would be impossible for art to unite with anything more vital than a seam. It is the possibility of knowing our limits, when to interfere and when to let alone, which brings surgery so much nearer than medicine to the position of an exact science.

It is not necessary to describe the various processes by which nature unites wounds of the soft parts, whether by immediate union, primary adhesion, or granulation, since it is well understood that the influence which art has over them is small, except in the way of adjustment, though the character of the atmosphere and the cleanliness of surroundings, as well as sometimes an epidemic influence not easily to be accounted for, may make great differences in the behavior of wounds aside from the personal condition of the

patient. It is the reparative tendency of nature which alone makes operative surgery possible.

In fractures, the deformity of neglected or badly treated limbs often proves how strong nature's efforts at uniting broken bones are, and also how regardless she often is of their subsequent usefulness. A fractured clavicle, however, cannot be better treated as regards curvature than by simple repose on the back. A fractured femur in the young unites with excellent results when the knee is flexed and the limb laid on its outer side, precisely the position which nature enjoins to relieve the pain.

In Circular No. 6, from the Surgeon General's office, are a number of engravings from bones which have undergone the process of repair after compound and usually comminuted fractures. These all show an excess of repair, if such an expression be allowable; that is, an activity of the bone-forming process, which does not lead to the strengthening of the limb so much as a less amount of deposit differently disposed would do, but which makes a much greater demand on the endurance of the patient.

In the less violent fractures which are more often met with in civil life, than those from which these plates are taken, one of nature's provisions for the cure is the fact that more or less periosteum remains, connecting the two portions, and this supplies the callus simply by an exaggeration of its ordinary function.* The luxuriant and useless formation of masses of new bone, as shown in the violent fractures met with in military surgery, is probably due to the tearing and forcible transplanting of pieces of the osteogenetic membrane among the soft tissues. The part of nature here is quite clearly defined as being only a part, and not the whole, of a complete cure; for although, supposing the patient's

* Review of M. Ollier's book in *Am. Jour. Med. Sci.*, Jan. 1868.

strength to be sufficiently enduring, nature would undoubtedly remove many of these superfluities, yet art could do very much by removal of fragments to lessen the amount of new growth.

The whole surgery of gun-shot wounds of bones shows how great are nature's curative powers, but unfortunately just as clearly how often they prove insufficient for their heavy task. The resections, especially those of the elbow, often show most conclusively how very complete nature's completion of the surgeon's work may be, the motions of the joint mentioned being sometimes almost perfect.

Although nature has a cure for some dislocations, yet it is far inferior to that of the surgeon, and is rather a compensation or adjustment than a real cure. The head of the humerus makes for itself, when dislocated, a new socket, and acquires a certain amount of motion sometimes nearly approaching the normal, while the old socket is filled up. The same is true of the femur, whether dislocated by violence or by inflammation and caries. In the latter case, however, a more usual result is ankylosis, and very likely at a most inconvenient angle.

The part of nature in the repair of injuries to bones or to joints is to get rid of fragments too much injured to be useful, to cause the adherence of parts which are kept in constant and immovable apposition to each other, and to form, if they are not so kept, a ligamentous union, and sometimes to restore, by means of the periosteum, the whole or a part of a missing bone. The determination of the angle of union, and the utility of one kind of union rather than another, whether osseous or ligamentous, are not in her province.

The surgeon has, to a certain extent, the control of these agencies, whether they shall act for good or for evil; and though he has no power to cause the growth of a single

plastic cell, or cause the deposition of a grain of phosphate of lime, yet his arrangements may determine whether the cells and the salt shall produce a useful limb or a cumbrous deformity.

There are two forms of spontaneous cure of aneurism. In the first, the artery beyond the tumor becomes smaller and the collateral branches on the cardiac side enlarge. The circulation is thus rendered slower through the sac, and the deposition of layers of fibrin on the walls is favored until the tumor becomes solid. The primary changes probably arise from the greater or less obstruction experienced whenever the calibre of a tube through which a current of fluid passes is abruptly changed. A process of this kind goes on in every aneurism, although so seldom leading to a cure, and the layers of fibrin prevent a more rapid enlargement of the tumor by giving greater firmness to its walls.

The second method is the inflammation of the tumor, which closes the artery and causes suppuration and abscess. A fortunate termination of this kind is even more rare than by the first, but there is an example of it recorded in the *American Journal of Medical Sciences* for January, 1868. These terminations are unfortunately exceptions and not the rule, but their practical value in relation to some of the larger arteries, especially the subclavian, is enhanced by the fact of the great want of success in operative interference.

Another of nature's curative, or rather compensating processes, belonging to the circulatory system, is the hypertrophy of the heart which occurs when the labor to be done is increased. This is seen most clearly in valvular derangements, where the increased bulk and strength, although abnormal, can hardly be considered morbid. Its existence in Bright's disease is not so readily accounted for, but is probably due either to obstruction from the altered relation of the

blood to the tissues, or to a local difficulty in the renal circulation.

The process of sloughing, gangrene or necrosis is to be considered, first, as to the cases in which it is a cure of a previous disease or deformity; and, secondly, as to the means which nature uses to conduct the process to its appropriate termination when it is itself the essential lesion. When the cavity of the intestine is narrowed or closed by an intussusception and the subsequent swelling, the removal of the obstructing portion is sometimes effected by sloughing consequent upon the pressure cutting off the supply of blood. The piece is discharged, and the edges from which it has been removed contracting new adhesions, the continuity of the tube is restored, with nearly its normal calibre. A similar process takes place in a hernia too long strangulated, though here the removal of the part is not so important as the adhesions which should be formed before the separation of the strangulated portion takes place, for the knife might supply the place of nature in removing the affected part.

When gangrene or necrosis takes place, either as a cure in the cases just mentioned, or simply as a result of disease, nature takes much pains in the separation. The old dead material is partially absorbed, while, on the comparatively healthy side, granulations arise under the stimulus of a foreign body, and form a new surface. The surgeon can interfere in these cases to as much advantage as in almost any possible disease, but he must be content to wait nature's time if his influence is to do the greatest good with the least harm.

I have thus endeavored to show, by some examples, what are nature's methods of cure, and her attempts to cure in various diseases. Such cursory indications, often of very exceptional occurrences, are of course valuable only in discussing a general and somewhat theoretical question, the

practical application depending on a much more careful study than would be possible here, not only of each disease, but of each class of cases, bearing in mind, too, the part of art as well as the part of nature.

The proposition that in many cases nature has a very strong tendency to cure, in others makes some attempts, sometimes successful, sometimes unsuccessful, and in others still makes none that we can see, does not need to be proved, but only suggested; although the extent to which we may rely upon her assistance in individual cases is often a fair question of discussion, only to be settled upon the basis of careful observation, not necessarily by doing nothing, but by watching in an unprejudiced spirit the course of disease and the action of remedies. This fact, if not disbelieved when formally stated, is often forgotten, sometimes by physicians, but chiefly by the laity, and leads to all sorts of misapprehensions, and furnishes a field for all sorts of charlatanism. It is not strange that it should be so, for we cannot, however much we may try to cultivate an entirely unbiassed judgment, always avoid the error of *post hoc ergo propter hoc*, without falling into a frame of mind much more uncomfortable and also more injurious, if not to science at least to the community; that is, a general medical scepticism or unbelief. It is much better for the physician, however it may be for the medical philosopher, that he should sometimes overrate the effects of his treatment, than that he should believe that no treatment is of any avail; since in the one case he will work, while in the other, if he be honest, he will do nothing; and there are few who will not admit that much good may often be done by art, even where nature has the chief control.

Besides errors due to personal prejudice, the intricate character of the subject matter, and the infrequency of opportunities for comparing similar conditions, render the attainment of correct conclusions by no means an easy task.

Occasio præceps, judicium difficile. There is but little immediate danger of disbelieving views becoming largely prevalent, and those who have represented most strongly the sceptical side would undoubtedly have indicated their beliefs as well as their disbeliefs, had there existed an equal necessity. There must on this subject, as on all others which cannot yet be included among the exact sciences, be two extreme views, and the truth probably lies between them. Its precise position is to be sought by observation, and not by imagination or theory.

A general indefinite belief in nature's power to cure disease and in our own slight control over it, would lead to little practical result, except a diminished feeling of responsibility and a disinclination to interfere; but an accurate and careful study of nature's methods furnishes the best and only reliable foundation for rational and efficient therapeutics.

The advantages are many of an appreciation, both within and without the profession, of nature's part in the cure of diseases.

I. Pure science is advanced.

II. The use of our present means of healing will be rendered more precise, and therefore more efficient.

We may distinguish several plans of treatment according to their relations with nature's methods.

(a) Of those which follow nature more or less closely.

1. Pure expectancy, combined with attention to hygiene, and, if necessary, palliatives. (Those cases in which the diet has a specific effect, as especially in scurvy, are not to be considered as treated by the expectant method.)

2. Supporting treatment; whose object is to keep the patient alive while nature has time to complete her processes.

3. Adjustment and arrangement; removal of obstructions and diseased parts, allowing nature to complete the work; principally surgery.

4. Eliminative treatment; helping the system to get rid of morbid material.

(b) Of those which more or less oppose nature.

5. Symptomatic treatment; where an attempt is made, by controlling some prominent symptom, to control the disease. This includes the antiphlogistic.

6. Specific treatment.

These plans are seldom used alone, but in various combinations with each other.

Returning for a moment to the mathematical figure before made use of, we may consider the hygienic treatment to influence the form of the function by supplying the most favorable values for the co-efficients; the supporting, to place at its highest value the variable representing the patient's forces; the eliminative, to reduce the value of the variable representing the force of the disease to the lowest point consistent with existence of the function in its usual form; and the specific, as giving it an unusual form by reducing the last mentioned variable to zero.

III. The search for new methods of cure will be rendered easier and more successful from having a fixed standard of comparison, and from the less confusion of remedies. Less time and labor will be wasted in going over familiar ground. There is no reason why we may not reasonably expect, not only greater power of prevention, but actually a greater control over disease, than we now possess.

IV. The true relation of the physician to his patient will be better understood, since his art will be as far from being considered powerless by the sceptical, as from receiving the blind, unreasoning, and often unfounded confidence of the ignorant.

V. To descend to lower ground, a general understanding that the part of the physician is to be familiar with disease and acquainted with its natural course, not always to use

active measures for a cure, will be a most efficient means of lessening the amount of more or less respectable quackery. The more people know of medical subjects and the more fully they are aware of the truths I have endeavored to enunciate, the less success can be looked for by shameless vaunters of panaceas, or by members of pseudo-scientific organizations, who cure self-limited diseases by specifics, and increase the value of their boasted triumphs by ignorant or fraudulent diagnosis. When the truth is popularly appreciated, in vain will such say to each other, in the words of the great satirist of our profession, "*Soyons de concert auprès des malades, pour nous attribuer les heureux succès de la maladie, et rejeter sur la nature toutes les bévues de notre art.*"*

In order to gain all possible advantages from a recognition of nature's share in the cure of diseases, the thing most essential is not only a correct but a nice diagnosis; not only an ability to give a name to the disease, but an appreciation of the more delicate shades of difference in nearly similar cases, or a recognition of distinct forms. A large part of our necessary uncertainty in prognosis arises from our not being able to recognize differences which must of course exist in the character of cases; for although it is easy to say, after adding up a column of figures, that under a certain treatment a certain proportion of cases of a given disease get well, while the rest die, yet it is undoubtedly true that under the *same* treatment *all* the cases of the *same* kind follow the *same* course, and have the same termination. We may not be able to see a dividing line, but it must exist; and the percentages and probabilities which we gain from statistics are only temporary substitutes for the certainty which we hope increased knowledge will give. The uncertainty is not in the variability of nature's laws, which are

* Molière. *L'Amour Médecin*.

as unchangeable in physiology as in astronomy, but in their complication and obscurity, which prevent our being able with our present knowledge to calculate their effects.

Just as the increased precision of diagnosis in affections of the thorax, consequent on the discoveries of auscultation and percussion, enables us to trace with more certainty the natural history of these diseases, and appreciate more accurately the action of remedies thereon; as Bright's discovery lends more certainty to the prognosis of dropsy, and as a more scientific knowledge of tumors justifies more confident predictions of recurrence or non-recurrence, and shows the character of the evidence on which assertions of cures of cancer rest; so may a division of phthisis, according to the views I have above quoted, or otherwise, allow us to know which cases are inevitably fatal, and which hold out a prospect of cure, at the hands of nature alone, or assisted by art; and so may diabetes, from our knowledge of the causation and pathology of its different varieties, be a more intelligible and therefore more manageable disease. Perhaps a division of rheumatism into several varieties may yet be made, resting on a firmer basis than recent alleged micro-chemical discoveries, which will explain its capriciousness and lead to therapeutic measures of invariable instead of accidental success.

But as we look hopefully into the future, let us not forget that the opposing senses in which we have here spoken of Nature and Art are narrow and onesided, and that all the resources of therapeutics, whether moral, hygienic, medicinal or mechanical, are but natural agencies which the physician is to adapt to his special cases.

It is said as truly of our art as of others: "A true announcement of the law of creation, if a man were found worthy to declare it, would carry art up into the kingdom of nature and destroy its separate and contrasted existence."





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